

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes OIL O-101 and O-110 (rev. 1-2-57)

DEPARTMENT	
AREA OFFICE	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
LOCATION OF OFFICE	

Operator Shell Oil Corporation

Address P O Box 670, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change In Transporter of:	Other (Please explain)
Re-completion <input type="checkbox"/>	Oil <input type="checkbox"/>	<u>Change Lease Name and</u>
Change In Ownership <input type="checkbox"/>	Coalinghead Gas <input type="checkbox"/>	<u>Well Number effective 2-1-75</u>
	Dry Gas <input type="checkbox"/>	<u>H. T. Orcutt (N.C.T.-C) No. 7</u>
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name <u>Lease</u>	Well No. <u>168</u>	Pool Name, including Formation <u>Lease Monument</u>	Kind of Lease <u>Lease</u>	Lease No. _____
Location <u>Lease Monument</u>	Unit Letter <u>0</u>	Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>36</u> Township <u>20-S</u> Range <u>36-E</u> N.M.P.M. <u>Lea</u> County _____		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Shell Pipe Line Company</u>	<u>Box 1910 Midland, TX 79701</u>
Name of Authorized Transporter of Coalinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>4001 Denbrook, Odessa, TX 79761</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
<u>Unit B Sec. 6 Twp. 21S. 36E</u>	<u>Yes Unknown</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug back	Sore necks	Chok. Neck
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Deviation (JF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

TEST WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

RD Prite
 (Signature)
 AREA ENGINEER
 (Title)
 1-16-85
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 15 1985**, 19____

BY ORIGINAL SIGNED BY JERRY SEKTON
 DISTRICT SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and re-completed wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.

RECEIVED

FEB - 4 1985

O.C.D.
HOBBES OFFICE