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NO. OF COPIES RECE			4	
DISTRIBUTIO			_	
SANTA FE	SANTA FE			
FILE U.S.G.S.			<u> </u>	
			_	_
LAND OFFICE	LAND OFFICE		<u> </u>	
TRANSPORTER	OIL	L_		
HANSPORTER	GAS		<u> </u>	
OPERATOR		L_		_
PRORATION OFFICE		L	1_	_

	DISTRIBUTION SANTA FE	REQUEST FO	ISERVATION COMMISSION OR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRANS	AND SPORT OIL AND NATURAL (GAS	
	TRANSPORTER GAS				
}	OPERATOR				
1.	PRORATION OFFICE Operator				
	Shell Oil Comp	any			
	P. O. Box 1509	, Midland, Texas 79701	Other (Please explain)		
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:			
	Recompletion	Oil Dry Gas Castnahead Gas Condense	ate		
	Change in Ownership	Casinghead Gas Condense			
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Form	mation Monument Kind of Leas	se Lease No.	
	Lease Name State C	1y (San Andres-Gra	vbrug) State, Feder	al or Fee State B-4086	
	Location		23	Root	
	Unit Letter A;660	Feet From The North Line	and Feet From	The East	
	Line of Section 24 Town	nship 195 Range 36	E , NMPM,	Lea County	
	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS			
III.	Name of Authorized Transporter of Oil	or Condensate	(-		
	Shell Pipeline Corpora Name of Authorized Transporter of Cast	ition Inghead Gas Tory Gas Tory		oved copy of this form is to be sent)	
	Warren Petroleum Corpo	oration	P. O. Box 1589 Tules Is gas actually connected?	Oklahoma 74102	
	If well produces oil or liquids,	Unit Sec. Twp.	Yes	Unknown	
	give location of tanks.	J 19 19-5 37-E h that from any other lease or pool, g			
IV.	. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio			P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
				Depth Casing Shoe	
	Perforations				
			CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	5,10,10	
	DECUEST E	OP ALLOWARIE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow-	
V	7. TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas		
	Date First New Oil Run To Tanks	Date of Test			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil • Bbls.	Water - Bbls.	Gas-MCF	
	Actual Prod. During 1451				
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pri)				
v	I. CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION	
				1 U 10/4 19	
	Commission have been complied	commission have been complete with and that the bledge and belief. BY Joe D. Ramey		Orig. Signed by	
	above is true and complete to the section		Dist. I, Supv.		
This form is to be filed			in compliance with RULE 1104.		
	RA Halvers	R. A. Helverson	If this is a request for s	llowable for a newly drilled or deepend	
	(Sig	nature)	Il taste taken on the Well In a	ccordance with RULE 111. must be filled out completely for allow	

Products Accounting Supervisor (Title) January 5, 1972
(Date)

APPROVED	JAN LU 13/2	, 19				
Orig. Signed by						
BY	Joe D. Ramey					
TITLE	Dist. I, Supv					
11166						

All sections of this form must be filled out completely for allowable on new and recompleted 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 condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.

Orig. Signed b. Joe D. Ramey Dist. I, Supe.

CHELVED

JAN 7702

OIL COMSERVACION COMM.