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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

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

Form O-104
 Supersedes OIL C-101 and C-111
 Effective 1-1-65

Operator Shell Oil Corp.
 Address P.O. Box 670, Hobbs, NM 88240
 Person(s) for filing (check proper box)
 New Well Change in Transporter of Oil Other (Please explain) Change field name from
 Completion Oil Dry Gas Eumott oil to Eunice Monument
 Change in Ownership Casinghead Gas Condensate Order No. L-7767
 Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE:
 Lease Name South Well No. 330 Pool Name, including Formation Eunice Monument Kind of Lease Fee Lease No. _____
 Location Eunice Monument
 Unit Letter L; 1980 Feet From The South Line and 577 Feet From The West
 Line of Section 7 Township 21S Range 36E N.M.P.M. Lea County _____

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate Shell Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, TX 79701
 Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79761
 Does well produce oil or liquids, and location of tanks. Unit L Soc. 7 Twp. 21S Rge. 36E Is gas actually connected? Yes Which Unknown

Does this production is commingled with that from any other lease or pool, give commingling order number: _____
 DEPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Sure Prods. Prod. Insty.
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.O.T.D. _____
 Completions (DF, RKB, RT, CR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Testing Depth _____
 Correlations _____ 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 land oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
 Length of Test _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____
 Tubing Pressure _____ Casing Pressure _____ Choke Size _____
 Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

AS WELL:
 Length of Test _____ Dble. Condensate/MCF _____ Gravity of Condensate _____
 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 herein is true and complete to the best of my knowledge and belief.
RD Pate
 (Signature)
AREA ENGINEER
 (Title)
3-29-85
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED APR 2 1985, 19____
 BY ORIGINAL SIGNED BY JERRY SEXTON
 TITLE _____
 This form is to be filed in compliance with N.M.C.C. 1104.
 If this is a request for allowable for a newly drilled or reworked well, this form must be accompanied by a calculation of the available tests taken on the well in accordance with N.M.C.C. 111.
 All sections of this form must be filled out completely for allowable to be reviewed and accepted.
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transportation of oil. Each change of ownership

RECEIVED

APR - 2 1985

U.S. DEPT. OF JUSTICE