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TRANSPORTER	OIL
	GAS
OPERATOR	
PERMISSION OFFICE	

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator  
**SHELL WESTERN E&P INC.**

Address  
**P. O. BOX 991; HOUSTON, TEXAS 77001**

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	<b>RECLASSIFIED TO AN OIL WELL EFFECTIVE 1-1-84.</b>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>TAYLOR GLENN</b>	Well No. <b>3</b>	Pool Name, including Formation <b>BLINEBRY OIL AND GAS</b>	Kind of Lease <b>XXXXXXXXXX Fee</b>	Lease No. _____
Location Unit Letter <b>I</b> ; <b>3546</b> Feet From The <b>NORTH</b> Line and <b>330</b> Feet From The <b>EAST</b>				
Line of Section <b>3</b> Township <b>21-S</b> Range <b>37-E</b> , NMPM, <b>LEA</b> County _____				

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>SHELL PIPE LINE CORPORATION</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 1910, MIDLAND, TEXAS 79702</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>EL PASO NATURAL GAS COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. BOX 1492, EL PASO, TEXAS 79978</b>
If well produces oil or liquids, give location of tanks. Unit <b>I</b> Sec. <b>3</b> Twp. <b>21S</b> Rge. <b>37E</b>	Is gas actually connected? <b>YES</b> When <b>1-03-84</b>

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

**V. COMPLETION DATA**

Designate Type of Completion -- (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded <b>11-11-51</b>	Date Compl. Ready to Prod. <b>9-02-56</b>	Total Depth <b>8224'</b>	P.B.T.D. <b>6250'</b>
Elevations (DF, RKB, RT, GR, etc.) <b>3493' DF</b>	Name of Producing Formation <b>BLINEBRY</b>	Top Oil/Gas Pay <b>5646'</b>	Tubing Depth <b>6105'</b>
Perforations <b>5646' to 5945'</b>			Depth Casing Shoe <b>8102'</b>

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING SIZE	DEPTH SET	SACKS CEMENT
<b>17-1/2"</b>	<b>13-3/8" (48#)</b>	<b>219'</b>	<b>250</b>
<b>11"</b>	<b>8-5/8" (32#)</b>	<b>3150'</b>	<b>2000</b>
<b>7-7/8"</b>	<b>5-1/2" (17, 15.5#)</b>	<b>2960' to 8102'</b>	<b>800</b>
	<b>LINER</b>		

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load 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

**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

**VI. 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.

 **A. J. FORE**  
(Signature)  
**SUPERVISOR REGULATORY & PERMITTING**  
(Title)  
**JANUARY 24, 1984**  
(Date)

**OIL CONSERVATION COMMISSION**  
**FEB 1 1984**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
**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 deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.

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JAN 26 1984  
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