

OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NATURAL GAS	
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Shell Western E&P, Inc.

Address 200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter oil:		Other (Please explain)	
Recompletion	☐	Oil	☐	Dry Gas	☐
Change in Ownership	☒	Casinghead Gas	☐	Condensate	☐

If change of ownership give name Shell Oil Company, P.O. Box 991, Houston, Texas 77001
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Livingston</u>	Well No. <u>12</u>	Pool Name, Including Formation <u>Drinkard</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>I</u> : <u>4620</u> Feet From The <u>South</u> Line and <u>560</u> Feet From The <u>East</u> Line of Section <u>04</u> Township <u>21S</u> Range <u>37E</u> , NMPM. Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Temporary Abandoned

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Shell Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1910, Midland, TX 79702</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Getty Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1137, Eunice, New Mexico 88231</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>No Change</u> Sec. <u></u> Twp. <u></u> Rge. <u></u>	Is gas actually connected? <u>Yes</u> When <u>NA</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 tap 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 (pump, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Attorney-in-Fact

December 1, 1983 Effective January 1, 1984

OIL CONSERVATION DIVISION

APPROVED FEB 1 1984, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 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 multiple completed wells.

RECEIVED
JAN 19 1984
O.C.D.
INQUIRY OFFICE