

OIL CONSERVATION DIVISION  
P. O. BOX 208A  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS1. 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: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒ Other (Please explain)

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

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith, J. R. Well No. 3 Pool Name, including Formation Blinbry Oil And Gas Kind of Lease State, Federal or Fee Fee Lease No.  
Location  
Unit Letter G : 1980 Feet From The North Line and 1650 Feet From The East  
Line of Section 14 Township 21S Range 37E NMPM Lea County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate ☒ Shell Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79702  
Name of Authorized Transporter of Casinghead Gas or Dry Gas ☒ El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978  
If well produces oil or liquids, give location of tanks. Unit No. Sec. Twp. Rge. Is gas actually connected? When NA

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

## IV. COMPLETION DATA

|                                      |                             |                      |          |           |              |              |                   |             |              |
|--------------------------------------|-----------------------------|----------------------|----------|-----------|--------------|--------------|-------------------|-------------|--------------|
| Designate Type of Completion - (X)   |                             | Oil Well             | Gas Well | New Well  | Workover     | Deepen       | Plug Back         | Same Res'v. | Diff. Res'v. |
| 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 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-Bble.       | Water-Bble.                                   | Gas-MCF    |

## GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bble. Condensate/MCF      | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shot-In) | Casing Pressure (Shot-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 3 1984

BY ORIGINAL SIGNED BY REPRESENTATION  
DISTRICT SUPERVISOR

TITLE

This form is to be filled 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 filled for each pool in multiple completed wells.