

| | |
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| DISTRIBUTION | |
| ALBUQUERQUE | |
| EL PASO | |
| S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

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

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

NOV - 8 1973

I. OPERATOR
 Operator **Walsh and Watts, Inc.** **O. C. C.**
 Address **ARTESIA, OFFICE**
1111 Seventh St., Wichita Falls, Texas 76301
 Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of: **Water Injection Well**
 Recompletion Oil Dry Gas **Effective October 1, 1973**
 Change in Ownership Casinghead Gas Condensate
 If change of ownership give name and address of previous owner **Shell Oil Company, P.O. Box 1509, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|--|---|--|-----------------------------|
| Lease Name North Square Lake Premier Unit | Well No. 17 | Pool Name, Including Formation Square Lake (G/SA) North | Kind of Lease State, Federal or Fee Federal | Lease No. NM-0162 |
| Location Unit Letter V ; 660 Feet From The South Line and 1980 Feet From The West | Line of Section 5 Township 16S Range 31E , NMPM, Eddy County | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> W/W | Address (Give address to which approved copy of this form is to be sent) | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |

IV. COMPLETION DATA

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

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|--------------|---------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Rest'v. | Diff. Rest'v. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | F.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, 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 - 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.

Alfred B. Guinn
 (Signature)
Vice-President
 (Title)
November 5, 1973
 (Date)

OIL CONSERVATION COMMISSION
JAN 12 1974

APPROVED _____, 19____
 BY **W. A. Gussitt**
 TITLE **OIL AND GAS INSPECTOR**

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 deviation 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 multiply completed wells.