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| TRANSPORTER | OIL 1 GAS 1 |
| OPERATOR | 4 |
| PRORATOR 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

TRANSPORTER CHANGED FROM SHELL
OIL COMPANY TO SHELL PIPE LINE
CORPORATION EFFECTIVE 12/31/69

| | |
|--|--|
| Operator Gulf Oil Corporation | |
| Address P. O. Box 670, Hobbs, New Mexico 88240 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in oil transporter effective June 12, 1967 |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|------------------------|---|---|------------------------------|
| Lease Name West Bisti Unit | Well No. 100 | Pool Name, Including Formation Bisti Lower Gallup | Kind of Lease State, Federal or Fee Federal | Lease No. MM013492 |
| Location Unit Letter 0 ; 1980 Feet From The north Line and 1980 Feet From The East Line of Section 13 Township 26N Range 13E 14W , NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Company | Address (Give address to which approved copy of this form is to be sent) Box 1588, Farmington, New Mexico | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) Box 1161, El Paso, Texas | |
| If well produces oil or liquids, give location of tanks. | Unit G Sec. 35 Twp. 26N Rge. 13E | Is gas actually connected? Yes When Unknown |

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'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 continuous 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 (pilot, 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.


(Signature)
Area Production Manager
(Title)

June 21, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 22 1967, 19 _____

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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.

