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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease

State Fee

5. State Oil & Gas Lease No.

B-2359-1

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name Lovington Paddock Unit
2. Name of Operator SHALLY OIL COMPANY	8. Farm or Lease Name -----
3. Address of Operator P. O. Box 730 - Hobbs, New Mexico 88240	9. Well No. 73
4. Location of Well UNIT LETTER N , 853 FEET FROM THE South LINE AND 853 FEET FROM THE West LINE, SECTION 1 TOWNSHIP 17-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Lovington Paddock
15. Elevation (Show whether DF, RT, GR, etc.) 3837' DF	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING

PLUG AND ABANDON
CHANGE PLANS

OTHER **Convert well to Water Injection**

SUBSEQUENT REPORT OF:

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
ALTERING CASING
PLUG AND ABANDONMENT
OTHER

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

We plan to pull the rods and tubing out of this well. We will then install Water Injection Equipment and inject water through open hole section 6103-6248' into the Paddock Formation.

This well will be a Water Injection Well for the Lovington Paddock Unit, which is operated by Shally Oil Company.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED **(SIGNED) V. E. Fletcher** TITLE **District Superintendent** DATE **7 1 1967**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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**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

I.

Operator Shelly Oil Company

Address P. O. Box 170 - Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Well taken into the Low pressure Padco Unit effective October 1, 1965.
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Amarada Petroleum Corporation, Hobbs, New Mexico Formerly State "LA" No. 15

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Low pressure Padco Unit</u>	Well No. <u>73</u>	Pool Name, Including Formation <u>Levitation Field</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>N-2359-1</u>
Location				
Unit Letter <u>M</u>	<u>853</u> Feet From The <u>South</u> Line and <u>853</u> Feet From The <u>West</u>			
Line of Section <u>1</u>	Township <u>178</u>	Range <u>36E</u>	, NMPM, _____ 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"/> <u>Shelly Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 170 - Hobbs, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Shelly Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 170 - Hobbs, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit <u>6</u> Sec. <u>1</u> Twp. <u>178</u> Rge. <u>36E</u>
	Is gas actually connected? <u>Yes</u> When? <u>?</u>

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'tv.	Diff. Res'tv.
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 - 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.

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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 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.