

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

Form O-104
 Superseded Old O-101 and O-102
 Effective 1-1-65

OPERATOR	
PRODUCTION OFFICE	
LAND OFFICE	
U.S.G.S.	
FILE	
DATE RECEIVED	
DISTRIBUTION	

Operator Shell Oil Corporation
 Address P.O. Box 670, Hobbs, N.M. 88240
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of Oil
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain) To change Lease Name & Well No. effective 10-1-84
Q-4 Funda NCFE No. 7

(Change of ownership give name and address of previous owner _____)

DESCRIPTION OF WELL AND LEASE
 Lease Name North Seven Rivers Queen Interoils Well No. 6 Pool Name, Including Formation South Eunice Kind of Lease (S) Federal or Fee Lease No. B-229-1
 Location K 1980 Feet From The South Line and 1980 Feet From The West Line of Section 4 Township 22-S Range 36-E, N.M.P.M., Lea County

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) Box 1910, Midland, TX 79701
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79766
 If well produces oil or liquids, give location of tanks. Unit K Soc. 4 Twp. 22S Rce. 36E Is gas actually connected? Yes when 2-21-58

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

COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Sure Rest Plif. Rest
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.S.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

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
 OIL WELL
 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 (flow, back pr.) _____ Tubing Pressure (shut-in) _____ Casing Pressure (shut-in) _____ Choke Size _____

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.
R. D. Prite
 (Signature)
AREA ENGINEER
 (Title)
9-24-84
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED SEP 26 1984, 19 _____
 BY ORIGINAL SIGNED BY JERRY GANTON
 DISTRICT SUPERVISOR
 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 deviate tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for oil, gas or new and re-completed wells.
 Fill out only Sections I, II, III, and VI for closed well, and Sections IV, V, and VII for open well.

RECEIVED

SEP 25 1984

U.S. HOUSE OF REPRESENTATIVES