

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator SHELL OIL COMPANY	
Address P. O. BOX 991, HOUSTON, TX 77001	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
NOTICE OF GAS CONNECTION	

If change of ownership give name and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name ANTELOPE RIDGE UNIT	Well No. 8	Pool Name, Including Formation Antelope Ridge MORROW	Kind of Lease State, Federal <del>XXXX</del>	Lease No.
Location Unit Letter <u>H</u> ; 1980 Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line of Section <u>28</u> Township <u>23-S</u> Range <u>34-E</u> , NMPM, <u>LEA</u> County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 991, HOUSTON, TX 77001					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 27	Twp. 23-S	Rge. 34-E	Is gas actually connected? YES	When 5/5/81

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

## III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 10-10-80	Date Compl. Ready to Prod. 3-5-81		Total Depth 13,850'		P.B.T.D. 13,756'			
Elevations (DF, RKB, RT, GR, etc.) 3475.4' GR	Name of Producing Formation MORROW		Top Oil/Gas Pay 1,324'		Tubing Depth 11,358'			
Perforations 13,324' - 13,564'					Depth Casing Shoe 13,850'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	462'	950 sx Class "C"
14 3/4"	10 3/4"	5,180'	1600 sx LITE + 500 sx C
9 1/2"	7 5/8"	11,700'	800 sx LITE + 200 sx H
6 1/2"	5"	13,846'	100 sx poz + 440 sx H

## IV. 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## I. 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.

  
(Signature)  
A. J. FORE  
SUPERVISOR REGULATORY AND PERMITTING  
(Title)  
AUGUST 12, 1981  
(Date)

## OIL CONSERVATION DIVISION

APPROVED August 10, 1981, 19BY Jerry Sexton  
DATE 8/10/81

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 Form C-104 must be filed for each pool in multiple well wells.