

NO. OF ENERGY PRODUCTION	
DISTRIBUTION	
TRANSPORTER	
WELL	
VEHICLE	
LOCAL OFFICE	
TRANSPORTER	
WELL	
VEHICLE	
LOCAL OFFICE	
TRANSPORTER	
WELL	
VEHICLE	
LOCAL OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Shell Western E&P, Inc.

Address  
200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001

Reason(s) for filing (Check proper box)

New Well  Change in Transporter of: Oil  Dry Gas  Coolinghead Gas  Condensate  Other (Please explain)

Recompletion

Change in Ownership

If change of ownership give name and address of previous owner: Shell Oil Company, P.O. Box 991, Houston, Texas 77001

II. DESCRIPTION OF WELL AND LEASE

Lease Name Black	Well No. 5	Pool Name, including Formation Langlie Mattix 7 Rvrs 0 GB	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>N</u> : <u>1300</u> Feet From The <u>South</u> Line and <u>1340</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>24S.</u> Range <u>37E.</u> N.M.P.M. Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Input Well

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Coolinghead 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.	Is gas actually connected? <u>No</u> When <u>NA</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) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Some Res'r. Oil Res'r. <input type="checkbox"/>	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Deviation (DF, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe
Perforations	TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	

V. TEST DATA AND REQUEST FOR ALLOWABLE - (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)

OIL WELL

Date First New Oil Ran To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Dble. Condensate/MCF	Gravity of Condensate
Testing Method (pust, back pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

VI. 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]*  
Attorney-in-Fact  
December 1, 1983 Effective January 1, 1984

OIL CONSERVATION DIVISION

APPROVED FEB 7 1984

BY ORIGINAL SIGNED BY JERRY FEXTON  
DISTRICT I 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 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 multiple completed wells.