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NEW MEXICO OIL CONSERVATION COMMISSION
RECEIVED
REQUEST FOR ALLOWABLE AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAR 10 1966
O. C. C.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

NMOCC Order No. R-3016, dated 12-14-65

I. Operator
Shell Oil Company (Western Division) ✓
Address
P.O. Box 1509, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) **Change Lease Name & Well No. from Federal PV #2 to North Square Lake Premier Unit #8, effective March 1, 1966. Additional Casinghead Gas Transporter Change of tank battery location.**
If change of ownership give name and address of previous owner **Mobil Oil Company, P.O. Box 633, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
North Square Lake Premier Unit	8	North Square Lake GB/SA	State, Federal or Fee Federal
Location			
Unit Letter R	1980	Feet From The south	Line and 1980 Feet From The east
Line of Section 5	Township 16S	Range 31E	NMPM, Eddy 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"/>	Address (Give address to which approved copy of this form is to be sent)		
Continental Pipe Line Company	P.O. Box 410, Artesia, New Mexico 88210		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Company	Room B2, Phillips Building, Odessa, Texas		
Skelly Oil Company	P.O. Box 1135, Eunice, New Mexico 88231		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	Q	6	16S
			31E
Is gas actually connected?	When		
Yes	March 1, 1966		

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 Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	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	Casing Pressure	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.

Original Signed By
K. W. LAGRONE **K. W. Lagrone**
(Signature)

Division Production Superintendent
(Title)

March 8, 1966
(Date)

OIL CONSERVATION COMMISSION

MAR 10 1966
APPROVED _____, 19_____
BY **W. A. Gressett**
TITLE **OIL AND GAS INSPECTOR**

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 Sections I, II, III, and VI only 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.