## NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FF Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE FILE EIVED AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL MAR 1 0 1966 TRANSPORTER OPERATOR O. C. C. PRORATION OFFICE ARTERIA, OFFICE NMOCC Order No. R-3016, dated 12-14-65 Cperator Shell 0il Company (Western Division) P. O. Box 1509 Midland Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) Change Lease Name & Well No from Trigg-Federal # 7 to North Square Lab Premier Unit # 12, effective March 1, 1966 New Well Recompletion OilDry Gas Additional Casinghead Gas Transportor Change in Ownership Casinghead Gas Condensate Change of tank battery location If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. Pool Name, Including Formation State, Federal or Fee North Square Lake Premier Unit 12 North Square Lake GB/SA Federal 1980 Feet From The south Line and 1980 Feet From The east Line of Section , Township 16S Range 31E , NMPM, Eddy III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil 😨 88210 O. Box 410. Artesis. New Mexico Give address to which approved copy of this form is to Continental Pipe Line Company or Dry Gas Phillips Building Phillips Petroleum Company Skelly Oil Company Odessa, Twp. F.ge. If well produces oil or liquids, give location of tanks. 0 6 31E 168 March 1, 1966 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion -(X)Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Top Oil/Gas Pay Pool Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Jate First New Oil Bun To Tanks Producing Method (Flow, pump, gas lift, etc.) Choke Size Tubing Pressure Casing Pressure Length of Test Gas - MCF Water-Bbls. Actual Prod. During Test Oil-Bbls. **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure Testing Method (pitot, back pr.) Choke Size OIL CONSERVATION COMMISSION

## 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

March 8, 1966

(Date)

A 188 BAR INSPECTOR 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.

County

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.

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