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

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

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JUN 26 1969

O. C. C.
ARTESIA OFFICE

Operator **Shell Oil Company**

Address **P. O. Box 1509, Midland, Texas 79701**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	<input checked="" type="checkbox"/> XXXX	Dry Gas	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>		

Other (Please explain)

Effective May 29, 1969

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Well No.	13	Pool Name, Including Formation	North Sq. Lake Premier Unit	Kind of Lease	State, Federal or Fee	Federal	Lease No.	LC-062483
Location	S	1980	Feet From The	south	Line and	1629.46	Feet From The	west
Unit Letter								
Line of Section	6	Township	16-S	Range	31-E		NMPM,	Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designated 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)
Navajo Refining Company Pipe Line Division	North Freeman Ave., Artesia, New Mexico 88210
Phillips Petroleum Company	Phillips Building, Odessa, Texas 79760
Skelly Oil Company	Box 1135, Eunice, New Mexico 88231
Designated Transporter of Casinghead 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.	Unit Q, Sec. 6, Twp. 16-S, Rge. 31-E
	Is gas actually connected? Yes
	When 3-1-66

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 Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.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					

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 (shut-in)	Casing Pressure (shut-in)	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
L. S. MITCHELL

L.S.Mitchell

Division Production Superintendent

(Title)

(Date)

June 24, 1969

OIL CONSERVATION COMMISSION

APPROVED

BY

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 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 multiply completed wells.