

NO. OF COPIES RECEIVED		7
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		2
PRORATION OFFICE		1

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

Operator <b>Shell Oil Company - Western Division</b>		<b>RECEIVED</b>  <b>NOV 22 1965</b>  <b>D. C. C.</b> <b>ARTESIA, OFFICE</b>
Address <b>P. O. Box 1509, Midland, Texas 79704</b>		
Reason(s) for filing (Check proper box) 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"/>		

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Henshaw Deep Unit</b>	Well No. <b>14</b>	Pool Name, Including Formation <b>Henshaw-Wolfcamp</b>	Kind of Lease State, Federal or Fee <b>Federal</b>
Location Unit Letter <b>M</b> ; <b>660</b> Feet From The <b>south</b> Line and <b>660</b> Feet From The <b>west</b> Line of Section <b>24</b> , Township <b>16S</b> Range <b>30E</b> , NMPM, <b>Eddy</b> County			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Continental Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 410, Artesia, N. M. 88210</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Room B-2, Phillips Bldg., Odessa, Tex. 79760</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>24</b>
	Twp. <b>16S</b>	Rge. <b>30E</b>
	Is gas actually connected? <b>Yes</b>	When <b>November 15, 1965</b>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>September 11, 1965</b>	Date Compl. Ready to Prod. <b>November 15, 1965</b>		Total Depth <b>8946'</b>		P.B.T.D. <b>8914'</b>			
Pool <b>Henshaw-Wolfcamp</b>	Name of Producing Formation <b>Wolfcamp</b>		Top Oil/Gas Pay <b>8760'</b>		Tubing Depth <b>8793'</b>			
Perforations <b>8760', 8761', 8762', 8769', 8770', 8771', 8773', 8774', 8775', 8801', 8802', 8803', 8804', 8805', 8810', 8811', 8812', 8813', 8814', 8815'</b>					Depth Casing Shoe <b>8954'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>15"</b>	<b>11 3/4"</b>		<b>503'</b>		<b>500</b>			
<b>11"</b>	<b>8 5/8"</b>		<b>3086'</b>		<b>1000</b>			
<b>7 7/8"</b>	<b>4 1/2"</b>		<b>8954'</b>		<b>500</b>			
	<b>2"</b>		<b>8793'</b>					

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 <b>November 15, 1965</b>	Date of Test <b>November 15, 1965</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flowing</b>	
Length of Test <b>23 hrs.</b>	Tubing Pressure <b>960</b>	Casing Pressure <b>-</b>	Choke Size <b>12/64"</b>
Actual Prod. During Test <b>189 BO+31 NW</b>	Oil-Bbls. <b>189</b>	Water-Bbls. <b>31</b>	Gas-MCF <b>362</b>

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

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.

**K. W. Lagrone**  
(Signature)  
**Division Production Superintendent**  
(Title)  
**November 18, 1965**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 22 1965**, 19  
BY **M. L. Armstrong**  
TITLE **OIL AND GAS RESERVES**

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.

## NEW MEXICO OIL CONSERVATION COMMISSION

OPERATOR Shell Oil Company ✓  
Western Division ADDRESS P. O. Box 1509, Midland, Texas 79704

FIELD Henshaw-Wolfcamp LEASE Henshaw Deep Unit WELL NO. 14

LOCATION 660' PSL & 660' FWL, Section 24, T-16-S, R-30-E, NMPM Survey, Eddy County, New Mexico

DEVIATION RECORD

435' = 2 3/4 deg.	6977' = 1 1/2 deg.
570' = 2 3/4 deg.	7375' = 1 1/4 deg.
720' = 1 1/2 deg.	7335' = 1 1/4 deg.
1110' = 1 deg.	7623' = 1 1/2 deg.
1834' = 1 1/2 deg.	7940' = 1 1/4 deg.
2130' = 3/4 deg.	8036' = 1 1/2 deg.
2524' = 2 1/4 deg.	8217' = 1 deg.
2990' = 3/4 deg.	8470' = 1/2 deg.
3173' = 3/4 deg.	8730' = 3/4 deg.
3428' = 3/4 deg.	8945' = 1 deg.
3790' = 1 deg.	
4788' = 1 3/4 deg.	
5250' = 2 deg.	
5460' = 2 deg.	
5700' = 2 deg.	
6600' = 1 1/2 deg.	
6815' = 1 1/2 deg.	

RECEIVED

NOV 22 1965

O. C. C.  
ARTIFICIAL OFFICE

Certification of personal knowledge of Deviation Record:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information is true and complete.

H. H. Crim  
Signature  
Shell Oil Company  
Company

STATE OF TEXAS  
COUNTY OF MIDLAND

Before me, the undersigned authority, on this day personally appeared H. H. Crim, known to me to be the person whose name is subscribed hereto, who, after being duly sworn, on oath states that he is acting at the direction and on behalf of the operator of the well identified in this instrument and that such well was not intentionally deviated from the vertical.

H. H. Crim  
Signature  
Acting Division Drilling Superintendent  
Title

Sworn and Subscribed to before me, this the 19th day of November, 19 65

M. N. Gray  
Notary Public in and for Midland County.

OIL CONSERVATION COMMISSION		
ARTESIA DISTRICT OFFICE		
No. Copies Received 4		
DISTRIBUTION		
	NO.	
	FURNISHED	
OPERATOR	/	
SANTA FE	/	
PRORATION OFFICE	/	