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

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

O. C. C.
ARTESIA, OFFICE

SEP 20 1976

Operator Southern Union Production Company ✓	
Address Suite 1700 Campbell Centre, 8350 North Central Expressway, Dallas, Texas 75206	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change from SUG to SAN
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input checked="" type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shelby Federal	Well No. 1	Pool Name, Including Formation Atoka McKittrick Hills Atoka	Kind of Lease State, Federal or Fee Federal	Lease No. NM-12828
Location				
Unit Letter <u>H</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>13</u> Township <u>22 South</u> Range <u>24 East</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, New Mexico 88210			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> The Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) Bob McCrary Suite 1800 1st International Bldg., Dallas, TX 75270			
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>13</u>	Twp. <u>22</u>	Rge. <u>24</u>
Is gas actually connected?		When		
Yes		2/12/75		

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'v.	Diff. Res'v.
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

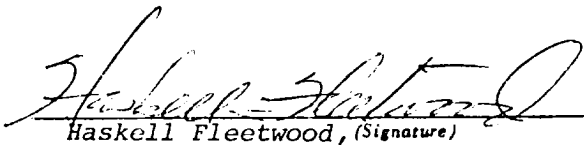
Posted
ID 3
9-24-76

GAS WELL

Actual Prod. Test - MCF/D CAOF 914 MCFPD	Length of Test 3 hours	Bbls. Condensate/MMCF 1 bbl	Gravity of Condensate 40
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 2750	Casing Pressure (Shut-in)	Choke Size 40/64"

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.


Haskell Fleetwood, (Signature)
Manager, Drilling and Production

(Title)

September 17, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 21 1976
BY W. A. Gussert
TITLE SUPERVISOR, DISTRICT II

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 multiple