

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RECEIVED BY C-104  
Revised 10-1-78  
JAN 03 1984  
O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR  
Operator: Shell Western E&P, Inc.  
Address: 200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒ Other (Please explain):  
If change of ownership give name and address of previous owner: Shell Oil Company, P.O. Box 991, Houston, Texas 77001

II. DESCRIPTION OF WELL AND LEASE

|  |                      |  |   |           |
|--|----------------------|--|---|-----------|
| Lease Name<br><u>Federal 6</u>   | Well No.<br><u>1</u> | Pool Name, including Formation<br><u>Cemetery Morrow</u> | Kind of Lease<br>State, Federal or Fee <u>Federal</u> | Lease No. |
| Location<br>Unit Letter <u>I</u> : <u>3193</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u><br>Line of Section <u>06</u> Township <u>21S</u> Range <u>24E</u> N.M.P.M. 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"/><br><u>Navajo Crude Oil Purchasing Co.</u>                 | Address (Give address to which approved copy of this form is to be sent)<br><u>P.O. Box 175, Artesia, New Mexico 88210</u> |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><u>Natural Gas Pipeline Company of America</u> | Address (Give address to which approved copy of this form is to be sent)<br><u>P.O. Box 283, Houston, Texas 77001</u>      |
| If well produces oil or liquids, give location of tanks.<br>Unit <u>6</u> Sec. <u>6</u> Twp. <u>21</u> Rge. <u>24</u><br><u>No Change</u>                                  | Is gas actually connected? <u>Yes</u> When <u>NA 7-8-77</u>  |

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, CR, 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 (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-Bble.       | Water-Bble.                                   | Gas-MCF    |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bble. Condensate/MCF      | Gravity of Condensate |
| Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Attorney-in-Fact

December 1, 1983 Effective January 1, 1984

OIL CONSERVATION DIVISION

APPROVED JAN 04 1984  
BY Original Signed By  
Leslie A. Clements  
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 deviated 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 multilift.