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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

Operator Shell Oil Company	
Address 1700 Broadway, Denver, Colorado 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
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 _____

II. DESCRIPTION OF WELL AND LEASE (Bisti Field)

Lease Name Mudge "8"	Well No. 301	Pool Name, including Formation Basin Dakota Gas Pool	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0468006
Location				
Unit Letter L	1730	Feet From The South	Line and 790	Feet From The West
Line of Section 9	Township 25N	Range 11W	, NMPM, San Juan 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Four Corners Pipeline	P. O. Box 1588, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	El Paso Natural Gas Co., El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit Q	Sec. 13	Twp. 25N	Rge. 12W	Is gas actually connected? No	When

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.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 6/1/73	Date Compl. Ready to Prod. 7/16/73		Total Depth 5920		P.B.T.D. 5860			
Elevations (DF, RKB, RT, GR, etc.) 6364 KB, 6352 GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 5807		Tubing Depth 5612 - 2-3/8"			
Perforations 5807-5827 (gross interval) (2 holes/ft)					Depth Casing Shoe 5920			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		519'		365 sz			
7-7/8"	4-1/2"		5920'		350 sz			

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 24 hours 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 est 50 MCF/D	Length of Test 24 hr	Bbls. Condensate/MMCF est 1 B/MMCF	Gravity of Condensate -
Testing Method (pilot, back pr.) N.A.	Tubing Pressure (shut-in) 1050	Casing Pressure (shut-in) 1050	Choke Size N.S.

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

J. S. Mize

J. S. Mize

(Signature)

Division Operations Engineer

(Title)

4/22/74

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 16 1974**, 19

BY **Original Signed by Emery C. Arnold**

TITLE **OFFICE OF DIST. #3**

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.