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SANTA FE	1		
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSPORTER	GAS	Ĭ	
OPERATOR	8		
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	LAND OFFICE OIL	<u></u>	TRANSPORTER CHANGED FROM SHELL						
	TRANSPORTER GAS		OIL COMPANY TO	SHELL PIPE LINE					
	OPERATOR 8		CORPORATION EF	FECTIVE 12/31/69	9				
I.	PRORATION OFFICE	<u> </u>	· · · · · · · · · · · · · · · · · · ·						
	Operator	•							
	Address	1on							
	P. O. Box 670. He	bles. New Mexico 88240							
	Reason(s) for filing (Check proper be	ox)	Other (Please explain)					
	New Well	Change in Transporter of:		ngo in camer	ship effective 8	-1-66.			
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde		B-47s West 1	Risti Unit Well	No.			
			nsate	<u>*2</u>					
	If change of ownership give name and address of previous owner	British-American Cil Pr	oducing Com	one P. O.	Boor 474. Midland	Payas			
	D.D.O.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D					p 13/44			
11.	Lease Name	Well No. Fool Name, Including F	`ormation	Kind of Leas	se Q	Lease No.			
	West Risti Brit	147 Blati Tower	Callum	State, Federa	al cr Fee State				
	Location		- Carried		70000	·			
	Unit Letter D ; 660	Feet From The nowth Lir	ne and	Feet From	The west				
	Line of Section 36	ownship Mange		ND 4701					
	Line of section .	Ownship 25 Runge	134	NMPM, Seri	Jun ————	County			
III.		RTER OF OIL AND NATURAL GA							
	Name of Authorized Transporter of C	or Condensate	Address (Give add	iress to which appro	oved copy of this form is to	be sent)			
	Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give add	dress to which appre	oved copy of this form is to	ha namel			
			Address (Office and	tress to writer appro	oved copy of this form is to	oe sent)			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually co	onnected? Wh	nen				
	give location of tanks.								
		If this production is commingled with that from any other lease or pool, give commingling order number:							
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Work	over Deeper.	Plug Back Same Res'	v. Diff. Res'v.			
	Designate Type of Complet		I HOIL	Deaper.	Prug Buck 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				
	, effortiers				Depth Casing Shoe				
	TUBING, CASING, AND CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
									
									
									
v.	TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must be a	fter recovery of tota	il volume of load oil	and must be equal to or ex	ceed top allow-			
	OIL WELL able for this depth or be for full 24 hours)								
	Date First New Cil Run To Tanks	Date of Test	Producing Method	(Flow, pump, gas li	ift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size				
		AN IE.							
	Actual Prod. During Test	MARKED!	Water - Bbls.		Gas - MCF				
	I	at Live							
	GAS WELL	1966							
	Actual Prod. Test-MCF/D	Marie Tear Com.	Bbls. Condensate	/MMCF	Gravity of Condensate				
		ou con.							
	Testing Method (pitot, back pr.)	Choing Modifie (Shit-in)	Casing Pressure (Shut-in)	Choke Size	· · · · · · · · · · · · · · · · · · ·			
			<u> </u>		<u> </u>	 			
VI.	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.		OIL CONSERVATION COMMISSION						
			BY Original Signed by Emery C. Arnold						
	~~ ^	\wedge	TITLE	TITLE SUPERVISOR DIST. #3					
		This form is to be filed in compliance with RULE 1104.							
	- CRISM	yano	If this is	a request for allow	wable for a newly drilled	i or deepened			
	- y - (Sig	nature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.						
		uction Munager	All section	ns of this form mu	ust be filled out complet	ely for allow-			

able 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

7-28-66 (Date)

AS CONTRACTOR JED & A

P. C. Bright St. St. Land Company Blade

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