			<i>5</i>		
NO. OF COPIES RECEIVED			3		
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Operator					

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		4						
	DISTRIBUTION	Form C-104						
	SANTA FE /	I	CONSERVATION COMM FOR ALLOWABLE			ld C-104 and C-11		
	FILE	AND Effective 1-1-65						
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	LAND OFFICE	-		WINDLE OF				
	TRANSPORTER OIL /	D FROM SHELL	7_					
	OPERATOR //	OIL COMPANY TO SHELL PIPE LINE CORPORATION EFFECTIVE 12/31/69						
I.	PRORATION OFFICE	- L	CORPURATION EFFECTI	VE 12/31/69				
••	Operator				4			
	Julf Cil Corporation							
	F. O. Box 670, Hobbs	. New Mesdico 88240						
	Reason(s) for filing (Check proper box	)	Other (Please	explain)	· <del> · · · · -</del> · · · · · · · · · · · · ·			
	New Well	Change in Transporter of:	Chance	in old tr	ensp <b>orter</b> eff	estivo		
	Recompletion	Oil Dry Go	s June 1	2, 1967	rampar om orr	000270		
	Change in Ownership	Casinghead Gas Conde	( ) 1	·, -/-!				
	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease		Legse No.		
	West Diski Undt	135 Bisti Lower	Ge.11 on	State, Federal	or Fee Federal	081028-A		
	Location			·				
			ne and 1650	Feet From Tl	ne West			
	Line of Section Tov	waship 261. Range 1.	This , NMPM	, San	Juan	County		
111.	Name of Authorized Transporter of Oil Shell Oil Company Name of Authorized Transporter of Cas Il Paso Natural Gas C	or Dry Gas	P. O. Box 158 Address (Give address a	8, Farning to which approve	gton, New Mex	ico		
	in this hadden at day	Unit Sec. Twp. Rge.	P. O. Box 116	L, El Pas				
	If well produces oil or liquids, give location of tanks.	G 35 2611 13W	Yes	ed? When	Unknown			
	If this production is commingled wit	* <u></u>	<del></del>		0117110/411			
IV.	f this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA							
	Designate Type of Completio	on - (X)   Gas Well	New Well Workover	Deepen	Plug Back   Same Re	s'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	<del></del>	P.B.T.D.	i		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!1/Gas Pay		Tubing Depth	<del></del>		
	,							
	Perforations				Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	ΣT	SACKSCE	JEPA.		
						Burger W		
					( )			
					f 3 -			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volu	me of load oil an	d must be equal to or	exceed top allow-		
	OIL WELL		pth or be for full 24 hours	)		,		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas lift,	etc.)			
					1			
	Length of Test Tubing Pressure		Casing Pressure		Choke Size	Choke Size		
				1				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.		Gas - MCF			
			- · · · · · · · · · · · · · · · · · · ·		<del></del>			
	GAS WELL							

Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Title)

(Date)

Area Production Manager

June 21, 1967

OIL CONSERVATION COMMISSION

JUN 22 1967 Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3 TITLE \_

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 multiply completed wells.