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 LAND OFFICE _____
 TRANSPORTER OIL _____
 GAS _____
 OPERATOR _____
 PRODUCTION OFFICE _____

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

Shell Oil Company

P. O. Box 1858, Roswell, New Mexico 88201

Reason for filing (Check proper box)

Other (Please explain)

New Well Change in Transporter
 Change in Location Oil Dry Gas
 Change in Ownership Change in Title Reformation

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bate Federal	Well No. and Name, Including Formation 2 Prairie-Pennsylvanian, South	Kind of Lease State, Federal or Free Federal
Section F	1980 Feet from Title north	1980 Feet from The west
Range 22	Township 8-S	Range 36-E
County Roosevelt		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Magnolia Pipe Line Company	Box 1073, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Capitan, Inc.	3707 Rawlins Ave., Dallas, Texas
If well produces oil or liquids, provide production data	Unit Sec. Twp. Rge. Is gas actually connected? When
	G 22 8-S 36-E Yes 2-1-65

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.					
Well	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Depth (ft.)	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.

Well No. and Name	Location of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Production (bbls)	Oil-Bbls.	Water-Bbls.	Gas-MCF

CAS WELL

Actual Production (bbls)	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Test Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Original Signature
 S. B. Deal **S. B. Deal**
 (Signature)

Division Production Superintendent
 (Title)
February 16, 1965
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY _____

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 Sections I, II, III, and VI only 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