

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

How to File  
 Supervisory OIL 1-101 and C  
 Effective 1-1-65

DATE FILED \_\_\_\_\_  
 FILE \_\_\_\_\_  
 U.S.G.E. \_\_\_\_\_  
 LAND OFFICE \_\_\_\_\_  
 TRANSPORTER  OIL  GAS  
 OPERATOR \_\_\_\_\_  
 PRODUCTION OFFICE \_\_\_\_\_

*Shell Oil Corp.*  
 Address  
*P.O. Box 670 Hobbs, NM 88240*

Reason(s) for filing (Check proper box)  
 New Well        
 Completion        
 Change in Ownership

Other (Please explain)

change of ownership give name and address of previous owner

**DESCRIPTION OF WELL AND LEASE**

Lease Name *South* Well No. *108* Pool Name, Including Formation *Eunice Monument* Kind of Lease *State* (Federal) or Fee *LC 031736* Lease No. \_\_\_\_\_  
 Location *Eunice Monument Unit* State \_\_\_\_\_  
 Unit Letter *G* : *1980* Feet From The *North* Line and *1980* Feet From The *East*  
 Line of Section *25* Township *20S* Range *36E* N.M.P.M. *Lea* County \_\_\_\_\_

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Company of Authorized Transporter of Oil  or Condensate   
*Permian Corp.* Address (Give address to which approved copy of this form is to be sent) *Box 3119 Midland, TX 79701*  
 Company of Authorized Transporter of Casinghead Gas  or Dry Gas   
*Phillips Petroleum* Address (Give address to which approved copy of this form is to be sent) *4001 Penbrook, Odessa, TX 79761*  
 Well produces oil or liquids,  Unit *G* Sec. *24* Twp. *20S* Rge. *36E* Is gas actually connected? *Yes* When *Unknown*  
 Give location of tests.

this production is commingled with that from any other lease or pool, give commingling order numbers:

**COMPLETION DATA**

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Curve Test	Well Test
Date Spudded	Date Compl. Ready to Prod.								P.D.T.D.
Deviation (DF, RKB, RT, CR, etc.)	Name of Producing Formation								Tubing Depth
Perforations									Depth Casing Shoe

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**TEST DATA AND REQUEST FOR ALLOWABLE** (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or 24 for full 24 hours)

**NEW WELL**  
 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 \_\_\_\_\_

**AS WELL**  
 Actual Prod. Test - MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
 Testing Method (flow, back pr.) \_\_\_\_\_ Tubing Pressure (lb/in) \_\_\_\_\_ Casing Pressure (lb/in) \_\_\_\_\_ Choke Size \_\_\_\_\_

**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.  
*R.P. Pate*  
 (Signature)  
**AREA ENGINEER**  
 (Title)  
*5-23-85*  
 (Date)

**OIL CONSERVATION COMMISSION**  
**MAY 23 1985**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 ORIGINAL RECORDS SECTION  
 DISTRICT ENGINEER  
 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 logs taken on the well in accordance with RULE 111.  
 All new tests of this form must be filled out completely for allowable on new and re-completed 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.