

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

Form O-104
 Supervising OIL (101) and C
 Effective 1-1-85

OPERATOR	
SALVAGE	
FILE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

Operator Shell Oil Corporation

Address P O Box 1-70, Hobbs, NM 88240

Reason(s) for filing (check proper box)

New Well <input type="checkbox"/>	Change in Transporter oil <input type="checkbox"/>	Other (please explain) <u>Change Lease Name and Shell number effective 2-1-85</u> <u>RR Bell (NCT-F) No. 3</u>
Incompletion <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 _____

DESCRIPTION OF WELL AND LEASE

Well Name <u>Cenice Monument Well</u>	Well No. <u>143</u>	Well State, including Formation <u>Cenice Monument</u>	Kind of Lease <u>B-23C</u>	Lease No. _____
Location	Unit Letter <u>F</u>	19 <u>80</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>	Line of Section <u>36</u>	Township <u>20-S</u> Range <u>36-E</u> N.M.P.M. <u>Lea</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1910 Midland, TX 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Genesee, Odessa, TX 79761</u>
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>36</u> Twp. <u>20S</u> Rge. <u>36E</u> Is gas actually connected? <u>Yes</u> When <u>Unknown</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug back	Same as (Type, Date, Party)
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.O.D.				
Reservoirs (DF, RNB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing 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 lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Methods (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Boils.	Water-Boils.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Boils. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, Back pr.)	Testing 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 here is true and complete to the best of my knowledge and belief.

R D Pate
 (Signature)
 AREA ENGINEER
 (Title)
 1-21-85
 (Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

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 metric tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable to be calculated.
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

RECEIVED

FEB - 4 1985

O.C.D.
HOBBES OFFICE