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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator SHELL WESTERN E & P INC. (4431 WCK)		Well API No.
Address P.O. BOX 576, Houston, TX 77001-0576		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name CHESHER	Well No. 1	Pool Name, Including Formation WANTZ ABO	Kind of Lease Share Fee	Lease No.
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPELINE CORP.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2648, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SKELLY OIL CO. <i>Texaco Producing Inc.</i>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1135, Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit K.	Sec. 12	Twp. 21-S	Rge. 37-E	Is gas actually connected? yes	When? 11-1-54

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 12-2-51	Date Compl. Ready to Prod. 2-13-89	Total Depth 7695'	P.B.T.D. 7511'					
Elevations (DF, RKB, RT, GR, etc.) 3465' DF	Name of Producing Formation WANTZ ABO	Top Oil/Gas Pay 6916'	Tubing Depth 7451'					
Perforations WANTZ ABO 6916' - 7516' (OH)	TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 7496'					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"	220'		250 SXS				
11"	8-5/8"	3256'		2100 SXS				
7-7/8"	5-1/2" (liner)	3022' - 6919'		750 SXS				

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.)

Date First New Oil Run To Tank 2-13-89	Date of Test 2-20-89	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 33	Water - Bbls. 110	Gas - MCF 201

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J.H. Smitherman
Signature
J.H. SMITHERMAN PROD. ADMN. ADVISOR
Printed Name
MAY 2 1989 (713) 870-3793
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 5 1989
By ORIGINAL SIGNED BY JERRY SEXTON
District I Supervisor
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.