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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
TRANSPORTER GAS	11	TA			
OPERATOR 3 PRORATION OFFICE Operator					
H. N. Sweeney			n C. C.		
Address	м .		ARTESIA, OFFICE		
Box 1582 Roswell, Ne		Other (Please explain)			
New Well Recompletion Change in Ownership X	Change in Transporter of: Oil Dry Ga: Casinghead Gas Conden	-			
If change of ownership give name and address of previous owner		Midland, Texas			
			•		
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including Fo	ormation Kind of La			
DeKalb Federal	2 So. Bitter Lak		NM 05876		
Unit Letter;) FeeNorththe North Lin	e and 1980 Feet Fro	om The WEST		
Line of Section 27 To	wnship 10S Range	25E , NMPM,	Chaves County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S			
Name of Authorized Transporter of Oi.	or Condensate	Address (Give address to which ap	proved copy of this form is to be sent)		
Name of Authorized Transporter of Ca	ry Abandoned	203 0:1 & 635 Bldg Ahilene Jexas Address (Give address to which approved copy of this form is to be sent)			
Name of Admonized Hallsporter of Oa	omynsud out or bi, out				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 27 105 25E	Is gas actually connected?	When		
If this production is commingled with COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:			
Designate Type of Completi	on - (X)	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.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
. TEST DATA AND REQUEST F	TOP 411 OWARIE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow		
OH. WELL Date First New Oli Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, ga			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oll-Bois.	Water-Bbls.	Gas-MCF		
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
		Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	-			
. CERTIFICATE OF COMPLIAN	RTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	<u>1966</u>		
Commission have been complied	with and that the information given ne best of my knowledge and belief.	BY MACCINICAL	2019		
- appro- an end and complete to the		TITLE 69 987 989 78	10 V 12		
11 11			in compliance with RULE 1104.		
14.11. Alin	nature)	TS Abin in a request for s	illowable for a newly drilled or deepened mpanied by a tabulation of the deviation		
Operator (Siz	nature)	tests taken on the well in a	coordance with RULE 111.		

(Title)

(Date)

7/12/66

All sections of this form must be filled out completely for alloable 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.

SUNDRY NOTICES AND REPORIS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. (Dil. Well Other NAME OF OPERATOR ADDRESS OF OPERATOR P. O. Box 1858 Rosvell, Men Mexico Location of Well (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FML 1980 FML (RE/A HW/A), Sec. 27, 7-10-3, R-25-8, MIM Survey, Chaves Come by Mexico 15. Elevations (Show who her DF, RT, CR, etc.) 16. If Indian, allottee or tribe name 6. If Indian, allottee or tribe name 7. Unit agreement name 7. Unit agreement name 8. FARM OR LEASE NAME 16. If Indian, allottee or tribe name 7. Unit agreement name 17. Unit agreement name 18. FARM OR LEASE NAME 19. Well NO. 10. FIELD AND POOL, OR WILDCAT South Bitter Lakes, 3. 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27-10-25, MEM 4. PERMIT NO. 15. ELEVATIONS (Show who her DF, RT, CR, etc.) 16. ELEVATIONS (Show who her DF, RT, CR, etc.) 17. Unit agreement name 7. Unit agreement name 8. FARM OR LEASE NAME 9. Well NO. 10. FIELD AND POOL, OR WILDCAT South Bitter Lakes, 3. 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 12. COUNTY OR PARISH 13. STATE Chaves 13. STATE Chaves 14. PERMIT NO.	Form 9-331 (May 1963)	NITED S DEPARTMENT OF		SUBMIT IN LICAT (Other instruction of the control		eau No. 42-R1424.
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P. O. Box 1858 Roevell, Mey Mexico Construct or Wall (Report location clearly and in necordance with any State requirements.* At surface (20) FEL & 1950 PML (Ref. May M.), Sec. 27, T-10-3, R-25-8, BMM Survey, Chaves Core by, Nev Mexico 15. SELVATIONS (Show who have pr. st. os. etc.) Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data South Rivery of Passen 13. State Chaves Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SOUTH PLANE SHOW OF PASSEN IN STATE Chaves BULL CHAVES PASSEN ALTERIA CARRIES SHOTOFF FRACTURE TRACT MANDON'S CHAVES PASSEN (Other) CHAVES PASSEN CHAVE SHOW IN STATE CARRIES (Chaves and considering and proposed work. If well in directionally dribed, site subsurface; locations and monatored and true vertical depths for all markets and sones partitions to the subsurface of the passen of the pas	Shell Oil Company			DeKalb-Federal		
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Describe Proposed on Complete Properties (Clearly state all prinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) Pulled rods and pump. Well temporarily abandoned March 22, 1965. RECEIVED JUN 8 1965 G. C. C. ARTESIA, OFFICE APPROVED B. A. SHOGER DISTRICT ENSINEER SIGNED SIGNED Acting Division March 29, 1965 (This space for Federal or State office use) APPROVED BY DATE DATE DATE	REPAIR WELL	CHANGE PLANS		(Other)		
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APPROVED 8. I hereby certify that the foregoing is true and correct SIGNED (This space for Federal or State office use) APPROVED BY TITLE DATE DATE DATE	Wel		ed March 22,	1965.	D. C. C.	
8. I hereby certify that the foregoing is true and correct SIGNED Acting Division Machanical Engineer DATE DATE (This space for Federal or State office use) APPROVED BY TITLE DATE		talog - Artisia		ĺ		and the same of th
SIGNED N. L. Tumberliffitte Mechanical Engineer DATE April 29, 1965 (This space for Federal or State office use) APPROVED BY TITLE DATE		PORODO - NOSES DEM - SANTA FE		And the Control of th	B. A. SHOGEN DISTRICK ENGIN	165 Trogo
SIGNED N. L. Tumberliffitte Mechanical Engineer DATE April 29, 1965 (This space for Federal or State office use) APPROVED BY TITLE DATE						
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Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Consult local Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. State or Federal office for specific instructions. Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and botton) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-685229