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DISTRIBUTION		CONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C
ANTA FE	REQUEST	FOR ALLOWABLE AND	Effective 1-1-65
.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	BAS
AND OFFICE	AOTHORIZATION TO TAI		
RANSPORTER OIL /	-		
GAS /			RECEIVED
PRORATION OFFICE			W. W
Shell Oil Company	V		APR 2 9 1965
P. O. Box 1858, Ros	well, New Mexico 88201		o. c. c.
leason(s) for filing (Check proper box	()	Other (Please explain)	ARTESIA, OFFICE
lew Well	Change in Transporter of: Oil Dry G	ms [	
tecompletion Change in Ownership	=	ensate	
mange in omissense			
change of ownership give name nd address of previous owner			
ESSENTIAN OF WELL AND	T EO ACIEO		
ESCRIPTION OF WELL AND	Well No.   Pool No	ame, Including Formation  Cme-San Andres	Kind of Lease State, Federal or Fee <b>State</b>
Standard State	2 A	CHE-SAII ARRITES	State, Federal or Fee Doade
ocation R 3	30 north	ne and 1650 Feet From	The east
Unit Letter;;	Feet From The north Li	ne and Feet From	The
Line of Section 5 , To	ownship <b>8S</b> Range	27E , NMPM, C	haves Coun
ESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of O.  McWood Corporation	(Transka)	2003 Wilco Building, Mi	dland, Texas 79704
MCWOOd Corporation	asinghead Gas X or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
None TSTM	<u> </u>		
If well produces oil or liquids,	Unit Sec. Twp. Rge. <b>5 88- 27E</b>	Is gas actually connected? Wi	nen <b>TSTM</b>
give location of tanks.			
	with that from any other lease or pool	, give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Re
Designate Type of Complet		X	P.B.T.D.
Date Spudded 4-4-65	Date Compl. Ready to Prod. 6-23-65	Total Depth 20291	20001
Pool	Name of Producing Formation	Top Oil/Mis Pay	Tubing Depth
Acme San Andres	San Andres	1929'	1933'
Perforations	201 2011 10701		Depth Casing Shoe
1929' - 1931', 1938	3' - 1960', 1966' - 1970'	ND CEMENTING RECORD	2020
101.5.617.5	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE 6 7/8"	4 1/2"	20281	225
		10221	
	2"	1933'	
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this	after recovery of total volume of load or depth or be for full 24 hours)	il and must be equal to or exceed top o
OIL WELL  Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas	
April 23, 1965	Date of Test		
<del></del>	Date of Test  April 25, 1965	Pump	lift, etc.)
Length of Test	_		
Length of Test 24 hours	April 25, 1965 Tubing Pressure	Pump Casing Pressure	Choke Size
24 hours Actual Prod. During Test	April 25, 1965 Tubing Pressure Oil-Bbls.	Pump Casing Pressure  Water-Bbls.	Choke Size  Gas-MCF
24 hours	April 25, 1965 Tubing Pressure	Pump Casing Pressure	Choke Size
24 hours Actual Prod. During Test 35 BO + 8 BW	April 25, 1965 Tubing Pressure Oil-Bbls.	Pump Casing Pressure  Water-Bbls.	Choke Size  Gas-MCF
24 hours Actual Prod. During Test	April 25, 1965 Tubing Pressure Oil-Bbls.	Pump Casing Pressure  Water-Bbls.	Choke Size  Gas-MCF
24 hours Actual Prod. During Test 35 BO + 8 BW  GAS WELL	April 25, 1965 Tubing Pressure Oil-Bbls. 35	Pump Casing Pressure  Water-Bbls.	Choke Size  Gas-MCF TSTM  Gravity of Condensate
24 hours Actual Prod. During Test 35 BO + 8 BW  GAS WELL	April 25, 1965 Tubing Pressure Oil-Bbls. 35	Pump Casing Pressure  Water-Bbls.	Choke Size  Gas-MCF  TSTM
24 hours  Actual Prod. During Test  35 BO + 8 BW  GAS WELL  Actual Prod. Test-MCF/D	April 25, 1965 Tubing Pressure Oil-Bbls. 35	Pump Casing Pressure  Water-Bbls.  8  Bbls. Condensate/MMCF  Casing Pressure	Choke Size  Gas-MCF TSTM  Gravity of Condensate  Choke Size
24 hours  Actual Prod. During Test  35 BO + 8 BW  GAS WELL  Actual Prod. Test-MCF/D	April 25, 1965  Tubing Pressure  Oil-Bbls.  35  Length of Test  Tubing Pressure	Pump  Casing Pressure  Water-Bbls.  8  Bbls. Condensate/MMCF  Casing Pressure  OIL CONSERV	Choke Size  Gas-MCF TSTM  Gravity of Condensate  Choke Size
24 hours  Actual Prod. During Test  35 BO + 8 BW  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIA	April 25, 1965  Tubing Pressure  Oil-Bbls.  35  Length of Test  Tubing Pressure	Pump Casing Pressure  Water-Bbls.  8  Bbls. Condensate/MMCF  Casing Pressure  OIL CONSERVAPR 2	Choke Size  Gas-MCF TSTM  Gravity of Condensate  Choke Size
24 hours  Actual Prod. During Test  35 BO + 8 BW  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIA  L hereby certify that the rules at	April 25, 1965  Tubing Pressure  Oil-Bbls.  35  Length of Test  Tubing Pressure  ANCE	Pump  Casing Pressure  Water-Bbls.  8  Bbls. Condensate/MMCF  Casing Pressure  OIL CONSERVAPR 2  APPROVED	Choke Size  Gas-MCF  TSTM  Gravity of Condensate  Choke Size  /ATION COMMISSION  9 1965
24 hours  Actual Prod. During Test  35 BO + 8 BW  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIA  I hereby certify that the rules an	April 25, 1965  Tubing Pressure  Oil-Bbls.  35  Length of Test  Tubing Pressure	Pump  Casing Pressure  Water-Bbls.  8  Bbls. Condensate/MMCF  Casing Pressure  OIL CONSERVAPR 2  APPROVED  APPROVED	Choke Size  Gas-MCF  TSTM  Gravity of Condensate  Choke Size  /ATION COMMISSION  9 1965
24 hours  Actual Prod. During Test  35 BO + 8 BW  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIA  I hereby certify that the rules an	April 25, 1965  Tubing Pressure  Oil-Bbls.  35  Length of Test  Tubing Pressure  ANCE  and regulations of the Oil Conservation with and that the information give	Pump  Casing Pressure  Water-Bbls.  8  Bbls. Condensate/MMCF  Casing Pressure  OIL CONSERVAPR 2  APPROVED  APPROVED	Choke Size  Gas-MCF  TSTM  Gravity of Condensate  Choke Size  /ATION COMMISSION  9 1965  , 19

This form is to be filed in compliance with RULE 1104.

TITLE .

S. B. Deal

Original Signed By

S. B. Deal

(Signature) Division Production Superintendent

(Date)

April 27, 1965

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 completed wells.

	ADDRESS P. C. Box 1858, Roswell, New Mexico 88201
	LEASE Standard-State WELL NO. 2
OCATION 330' FNL & 1650' FRL Section	5, T-8-S, R-27-E, MMFM Survey, Chaves County, New
·	EVIATION RECORD
	495' = 3/4 deg. 1000' = 3/4 deg.
	1510' = 1 1/4 deg.
	2028' = 3/4 deg.
	RECEIVED
	<b>APR 2 9 1965</b>
	O. C. C.
	ARTESIA, OFFICE
ertification of personal knowledge	of Deviation Record:
I hereby certify that I have pethis form, and that such information	rsonal knowledge of the data and facts placed on is true and complete.
	C. R. Colley
	Signature Shell Oil Company
	Company
STATE OF NEW MEXICO COUNTY OF CHAVES	
Refore me, the undersigned	authority, on this day personally appeared
<b>C. R. Coffey</b> known to me	e to be the person whose name is subscribed
nereto, who, after being duly sworn,	on oath states that he is acting at the
and that such well was not intention	ator of the well identified in this instrument
	nally deviated from the vertical.
	nally deviated from the vertical.
	nally deviated from the vertical.  Signature
	nally deviated from the vertical.
Sworn and Subscribed to before	signature  Acting District Exploitation Engineer  Title  me, this the27th day ofApril
Sworn and Subscribed to before	signature Acting District Exploitation Engineer Title  me, this the 27th day of April ,196
Sworn and Subscribed to before	signature  Acting District Exploitation Engineer  Title  me, this the27th day ofApril

My Commission Expires February 7, 1969

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