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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERORATION OFFICE	

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

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

I. NAME			
Shell Oil Company			
Address			
Box 1858 Roswell, New Mexico			
Reasons for filing (check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	From Undesignated Gas Well
Existing Well	<input type="checkbox"/>	Oil	To West Bluitt-San Andres Gas Pool
Transporter Change	<input type="checkbox"/>	Dryinghead Gas	NMOCC Order No. R-2857
		Dry Gas	
		Condensate	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Federal BL	Well No.	8-1	Pool Name, including Formation	West Bluitt-San Andres	Kind of Lease	Federal	
Location								
Section	A	660	Feet From The	north	Line and	660	Feet From The	east
Range	8	Township	8-S	Range	37-E	County	Roosevelt	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Dryinghead Gas	<input type="checkbox"/>	or Dry Gas	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Capitan Petroleum Inc.				Ben A. Copas, Jr., 3707 Rawlins Ave., Dallas, Tex		
If well produces oil or liquids, give number of tanks.	Unit	Sec.	Twp.	Age.	Is gas actually connected?	When
					yes	11-15-64

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	Gas Well	New Well	Workover	Deepen	Plat. Work	Same Secty.	Diff. Secty.
Date of completion	Date Compl. Ready to Flow		Total Depth		L.S.D.			
	Name of Producing Formation		Top Oil Gas Pay		Casing Depth			
					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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)			
Time of Test	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Location of Test	Flowing Pressure	Casing Pressure	Choke Size
Actual Flowing Test	HL-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Flowing Test (HL-Bbls.)	Length of Test	HLs. Condensate-MCF	Gravity of Condensate
Testing Method (pitot, back pressure)	Flowing Pressure	Casing Pressure	Choke Size

VI. 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.

Original Signed By
R. A. LOWERY R. A. Lowery
(Signature)

Acting Division Production Superintendent
(Title)

January 29, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY _____

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 tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable or 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