

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
HUBBS OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Mar 11 1 00 PM '66

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

| | |
|----------------------|-----|
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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

I. Operator
Shelly Oil Company
Address
Box 790 - Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------------|-----------------------|---|---|
| Lease Name Hobbs "F" T.B. #1 | Lease No. 2-1369 | Well No. 13 | Pool Name, Including Formation Charros San Andres | Kind of Lease State, Federal or Fee State |
| Location Unit Letter "F" ; 790 Feet From The South Line and 1900 Feet From The West Line of Section 34 Township 7-S Range 23-E , NMPM, McQuinn County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Magnolia Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) Box 900 - Dallas, Texas |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None - Vent | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |

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 <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'tv. | Diff. Res'tv. |
| Date Spudded February 17, 1966 | Date Compl. Ready to Prod. March 4, 1966 | Total Depth 4300' | P.B.T.D. 444' | | | | | |
| Elevations (DE, RKB, RT, GR, etc.) 4407' RT | Name of Producing Formation San Andres | Top Oil/Gas Pay 4249' | Tubing Depth 4300' | | | | | |
| Perforations 4249'-4300' (Intervals)- San Andres | | | Depth Casing Shoe 4300' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 7-7/8" | CASING & TUBING SIZE 4-1/2" 4-1/2" 3-1/2" | | DEPTH SET 300' 4300' 4300' | | SACKS CEMENT 200 300 1 | | | |

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 Tanks March 3, 1966 | Date of Test March 11, 1966 | Producing Method (Flow, pump, gas lift, etc.) Pump "F" & 1-1/2" x 16" | |
| Length of Test 24 | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 175 | Oil - Bbls. 185 | Water - Bbls. 70 | Gas - MCF 60 |

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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) **H. E. Asb**

District Superintendent

March 11, 1966 (Date)

OIL CONSERVATION COMMISSION

APPROVED **March 11, 1966**, 19

TITLE **Shelly Oil Company**

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 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.

110832 OFFICE O.C.C.

Mar 11 1 02 PM '88

(ORIGINAL)
H. E. App

DEVIATION AFFIDAVIT
Date March 11, 1966

HUBBS OFFICE O.C.C.

Mar 11 1 00 PM '66

New Mexico Oil Conservation Commission

P.O. Box 1900

Hobbs, New Mexico

State of New Mexico

County of Lea

J. W. George

, of lawful age, being first duly sworn deposes and says:

That he is employed by Skelly Oil Company in the capacity of Asst' District Superintendent and is fully acquainted with the facts as set forth herein.

That during the months of February & March 1966, Cactus Drilling Corporation ran the following Deviation Surveys for Skelly Oil Company on their Hobbs "T" T.B. #2 Well No. 13, in SE 1/4 of SW 1/4 of Sec 34-73-33E, Chavero San Andres NMPH, Reesevelt Pool, County, New Mexico.

SLOPE TEST DATA

| <u>Depth In</u> | <u>Angle in Degrees</u> | <u>Depth In</u> | <u>Angle in Degrees</u> |
|-----------------|-------------------------|-----------------|-------------------------|
| 390 | 1 | | |
| 890 | 1-1/4 | | |
| 1200 | 1-1/2 | | |
| 1450 | 1 | | |
| 1800 | 1 | | |
| 2300 | 1-1/2 | | |
| 2800 | 1-1/4 | | |
| 2900 | 1 | | |
| 3360 | 1-1/2 | | |
| 3670 | 1-1/2 | | |
| 3895 | 1-1/2 | | |
| 4080 | 1-3/4 | | |
| 4170 | 1-1/2 | | |
| 4380 | 3/4 | | |
| 4490 | 1-1/2 | | |

Subscribed and sworn to before me this 11th
day of March, 1966.

William F. Ruffey

Notary Public in and for said County and State
August 7, 1969

My commission expires: _____

I hereby certify that the information given above is true and complete to the best of my knowledge and belief.

J. W. George
Name
Assistant District Superintendent

Box 790 - Hobbs, New Mexico
Position

Address