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

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

HOBBS OFFICE 0.0.0.

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

JUN 8 10 50 AM '66

I. Operator

Morris R. Antweil

Address
P. O. Box 2010, Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shackelford	Well No. 1	Pool Name, including Formation Chaveroo, San Andres	Kind of Lease State, Federal or Fee K-5034 State
Location Unit Letter D , 660 Feet From The North Line and 660 Feet From The West Line of Section 35 , Township 7 S Range 33 E , NMPM, Roosevelt 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Capitan Petroleum, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1598 Dallas, Texas		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 35	Twp. 7
	Rge. 33	Is gas actually connected? In Process	When 30 Days.

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'v.	Diff. Res'v.
Date Spudded 5-7-66	Date Compl. Ready to Prod. 5-25-66	Total Depth 4500'	P.B.T.D. 4472' (Sch.)					
Pool Chaveroo	Name of Producing Formation San Andres	Top Oil/Gas Pay 4140'	Tubing Depth 4086'					
Perforations 4167, 73, 4209, 31, 41, 59, 63, 69, 71, 77, 81, 89, 4301, 07 & 18.			Depth Casing Shoe 4499'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4" 7-7/8"	CASING & TUBING SIZE 8-5/8" 4-1/2" 2-3/8"		DEPTH SET 404' 4499' 4086'		SACKS CEMENT 300 325			

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 Tanks 5-25-66	Date of Test 6-1-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 80	Casing Pressure Packer	Choke Size 36/64
Actual Prod. During Test 264	Oil-Bbls. 264	Water-Bbls. 0	Gas-MCF TSTM

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

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.



Agent

(Title)

6-3-66

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY **ORIGINAL & THREE COPIES**

TITLE **SIGNED BY: ETC, ENCLOSED**

ENGINEER DISTRICT No. 1

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 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.