

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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
1966 10 11 45 AM '66

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

I.

Operator Shell Oil Company (Western Division)	
Address P. O. Box 1509, Midland, Texas 79701	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 State CVB	Well No. 2	Pool Name, Including Formation Chaveroo (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. K-3933
Location				
Unit Letter 0 ; 660 Feet From The south Line and 1980 Feet From The east				
Line of Section 31 Township 7S Range 33E , 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"/> Scurlock Oil Company (Trucks)	Address (Give address to which approved copy of this form is to be sent) 428 Mid-American Building, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> None	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 P	Sec. 31	Twp. 7S	Rge. 33E
	Is gas actually connected?		When	
	No		Vented	

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 July 9, 1966	Date Compl. Ready to Prod. August 1, 1966		Total Depth 4450'		P.B.T.D. 4403'			
Elevations (DF, RKB, RT, GR, etc.) 4465' DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 4209'		Tubing Depth 4244'			
Perforations 4209', 4212', 4242', 4244', 4280', 4283', 4287', 4289', 4291', 4296', 4298', 4302', 4308', 4309'					Depth Casing Shoe 4448'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		373'		275			
7 7/8"	5 1/2"		4448'		700			
	2"		4244'					

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 August 1, 1966	Date of Test August 5, 1966	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 108 BO + 20 BW	Oil - Bbls. 108	Water - Bbls. 20	Gas - MCF 85

GAS WELL

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

K. W. Lagrone **K. W. Lagrone**
(Signature)
Division Production Superintendent
(Title)
August 8, 1966
(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 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.