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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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.

Operator Chambers & Kennedy	
Address 607 Midland Nat'l. Bldg. 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 Shell-Cone-Partin	Well No. 2	Pool Name, including Formation Chaveroo - San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter I ; 1980 Feet From The S Line and 660 Feet From The E				
Line of Section 35 Township 7S Range 32E , 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Mobil Oil Corp. Trucks, Attn: D.C. Kennedy	P.O. Box 900 Dallas, Texas 75221	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
None	None	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 35
	Twp. 7S	Rge. 32E
	Is gas actually connected? No 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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1/6/70	Date Compl. Ready to Prod. 1/23/70		Total Depth 4380		P.B.T.D. 4353			
Elevations (DF, RKB, RT, GR, etc.) 4480 GR	Name of Producing Formation Chaveroo - San Andres		Top Oil/Gas Pay 4184		Tubing Depth 4298			
Perforations 4184, 4202, 4213, 4220, 4229, 4262, 4267, 4275, 4287 (2 holes), 4319, 4338					Depth Casing Shoe 4380			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		375'		250 sx			
7-7/8"	5-1/2"		4380'		375 sx			
	2-3/8"		4298'					

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)

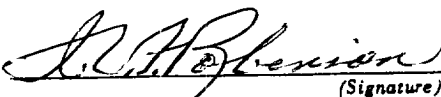
Date First New Oil Run To Tanks 1/27/70	Date of Test 1/30/70 & 1/31/70	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure -----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test 90 bbls total fluid	Oil - Bbls. 66 bbl oil	Water - Bbls. 24 bbl	Gas - MCF not measured

GAS WELL

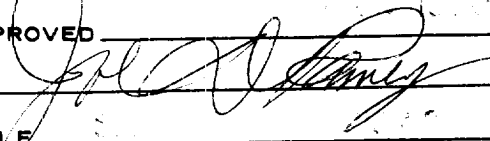
Actual Prod. Test - MCF/D	Length of Test	Ebls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


L.V.F. Robinson
(Signature)
Production Foreman
(Title)
February 2, 1970
(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.