

NAME	
ADDRESS	
CITY	
STATE	
ZIP	
DATE	
TIME	
OFFICE	
TRANSPORTER	
OIL	
GAS	
FORMATION	
LOCATION OFFICE	
STREET	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Shanley Oil Company

9400 N. Central Expressway, Suite 313, Dallas, Texas 75231

Reason(s) for filing (Check proper box)

Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Completion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒

Other (Please explain)

Change in ownership.  
Effective date: 12-1-83.Change of ownership give name of previous owner Threshold Development Company, Suite II-A, 777 Taylor St.,  
Fort Worth, Texas 76102

## DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease Fee
Ruby Jewel Trostle	1	Bluitt San Andres Assoc.	State, Federal or Fee Fee	

Location

Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West

Line of Section 5 Township 8-S Range 38-E, NMPM, Roosevelt County

## SIGNATURE 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)
International Crude Corporation	2454 Industrial Blvd. Abilene, Tx. 79605
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)
N/A	

Well produces oil or liquids,  
or location of tanks.

Unit	Sec.	Twp.	Rge.
K	5	8-S	38-E

Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res't.	Diff. P.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Locations (DF, REB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Formations			Depth Casing Shoe					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

## TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Initial Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## AS WELL

Initial Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Senior Vice President

11-4-83  
(Date)

## OIL CONSERVATION DIVISION

APPROVED AUG - 8 1984

BY Eddie W. Seay  
Oil & Gas Inspector

TITLE

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ownership, well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multi-

RECEIVED

NOV 10 1963

O.C.D.  
HOBBS OFFICE