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| 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 Shell Oil Company | |
| Address P. O. Box 1858, Roswell, New Mexico 88201 | |
| 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

86-0000

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|------------------------------------|----------------------|--|---|
| Lease Name James-Federal | Well No. 3 | Pool Name, including Formation Tobac-Pennsylvanian | Kind of Lease State, Federal or Fee Federal |
| Location | | | |
| Unit Letter N | 660 | Feet From The south Line and 1980' | Feet From The west |
| Line of Section 24 | Township 8S | Range 32E | NMPM, Chaves 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"/> Magnolia Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1073, Midland, Texas 79701 | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Capitan, Inc. | 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 J | Sec. 24 | Twp. 8S |
| | | Rge. 32E | Is gas actually connected? No |
| | | | When 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 March 24, 1965 | Date Compl. Ready to Prod. May 6, 1965 | Total Depth 9121' | P.B.T.D. 9028' | | | | | |
| Pool Tobac-Pennsylvanian | Name of Producing Formation Pennsylvanian | Top Oil/Gas Pay 8981' | Tubing Depth 9010' | | | | | |
| Perforations 8981'-8989' | Depth Casing Shoe 9121' | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 17 1/2" | 11 3/4" | 397' | 380 | | | | | |
| 11" | 8 5/8" | 3580' | 300 | | | | | |
| 7 7/8" | 5 1/2" | 9121' | 250 | | | | | |
| | 2 3/8" & 2 7/8" | 9010' | | | | | | |

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 May 6, 1965 | Date of Test May 6, 1965 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test 202 BO + 164 BW | Oil - Bbls. 202 | Water - Bbls. 164 | Gas - MCF 251.5 |

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.

Original Signed By
N. L. Tomberlin

N. L. Tomberlin

(Signature)

Acting Division Production Superintendent

(Title)

May 11, 1965

(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 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.