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| | 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 (Western Division)

Address
P. O. Box 1509 Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: ☐ **Effective 1-1-68**
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|--|-----------------------------|
| Lease Name Hedgen Federal | Well No. 3 | Pool Name, Including Formation Cato (San Andres) | Kind of Lease State, Federal or Fee Federal | Lease No. MM22636 |
| Location Unit Le er K ; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 23 Township 8-S Range 30-E , 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"/> Mobil Pipeline Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 900 Dallas 21, Texas | | | | | |
| 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) | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit K | Sec. 23 | Twp. 8-S | Rge. 30-E | 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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

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.

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.

K.W. Lagrone

(Signature)

Division Production Superintendent

(Title)

December 29, 1967

(Date)

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and the role of the accounting system in providing reliable financial information.

2. The second part of the document describes the various methods used to collect and analyze data, including interviews, surveys, and focus groups.

3. The third part of the document discusses the results of the study, including the identification of key factors that influence the success of the accounting system.

4. The fourth part of the document discusses the implications of the study for future research and practice, and provides recommendations for improving the accounting system.

5. The fifth part of the document discusses the limitations of the study and the need for further research to address these limitations.

6. The sixth part of the document discusses the conclusions of the study and the implications for future research and practice.

7. The seventh part of the document discusses the acknowledgments and the contributions of the research team.

8. The eighth part of the document discusses the references and the sources used in the study.

9. The ninth part of the document discusses the appendices and the additional information provided.

10. The tenth part of the document discusses the index and the location of the various sections of the document.