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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
**Effective November 1, 1967
commingled w/Hodges Fed. "A" Lease**

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
UNDESIGNATED *Cato San Andres*
Lease Name **Hodges "B" Federal** Well No. **2** Pool Name, including Formation **Cato (San Andres)** Kind of Lease **Federal** Lease No. **NM022636**
Location
Unit Letter **C** ; **660** Feet From The **north** Line and **1980** Feet From The **west**
Line of Section **34** Township **8-S** Range **30-E** , NMPM, **Chaves** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Scurlock Oil & Gas Company Address (Give address to which approved copy of this form is to be sent)
414 Mid-America Bldg., Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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 **C** Sec. **34** Twp. **8S** Rge. **30E** 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) **X** Oil Well **X** Gas Well **X** New Well **X** Workover **X** Deepen **X** Plug Back **X** Same Res'v. **X** Diff. Res'v. **X**
Date Spudded **9-28-67** Date Compl. Ready to Prod. **11-1-67** Total Depth **3700'** P.B.T.D. **3540'**
Elevations (DF, RKB, RT, GR, etc.) **4179' DF** Name of Producing Formation **San Andres** Top Oil/Gas Pay **3515' 3524'** Tubing Depth **3523'**
Perforations **3504-08-12-16-18-22-28-31** Depth Casing Shoe **3697'**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
12 1/4" **8 5/8"** **460'** **300**
7 7/8" **4 1/2"** **3697'** **400**

V. 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 **11-1-67** Date of Test **11-4-67** Producing Method (Flow, pump, gas lift, etc.) **Pumping**
Length of Test **24 hours** Tubing Pressure **-** Casing Pressure **-** Choke Size **-**
Actual Prod. During Test **108** Oil-Bbls. **17** Water-Bbls. **91** Gas-MCF **4**

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
Division Production Superintendent
(Signature)
(Title)

November 6, 1967
(Date)

OIL CONSERVATION COMMISSION

APPROVED **11-9-1967**, 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.