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U.S.G.S.	
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
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 <input checked="" type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	Commingled with Amco A Federal
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amco Federal	Well No. 13	Pool Name, Including Formation Cato (San Andres)	Kind of Lease State, Federal or Federal Federal	Lease No. NM0155254A
Location Unit Letter P 660 Feet From The FSL Line and 660 Feet From The FKL				
Line of Section 33 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 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 500, Dallas, 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 P Sec. 33 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: **CTB 179**

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 2-1-68	Date Compl. Ready to Prod. 2-9-68	Total Depth 3580'	P.B.T.D. 3547'					
Elevations (DF, RKB, RT, GR, etc.) 4119 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 3421'	Tubing Depth 3310'					
Perforations 3421', 3428', 3433', 3437', 3442', 3447', 3451', 3456', 3457', 3478', 3480', 3485', 3486', 3489'			Depth Casing Shoe 3580'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8"	280'	150					
7 7/8"	4 1/2"	3580'	400					
	2"	3310'						

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 2-9-68	Date of Test 2-9-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 14 Hours	Tubing Pressure 135 psi	Casing Pressure -	Choke Size 22/64"
Actual Prod. During Test 199	Oil - Bbls. 171	Water - Bbls. 28	Gas - MCF 48

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.

Original Signed By
K. W. LAGRONE

K.W. Lagrone
(Signature)

Division Production Superintendent
(Title)

February 13, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **[Signature]**

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.