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TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

-	DISTRIBUTION SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
-	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GAS	į			
	TRANSPORTER GAS						
	OPERATOR PRORATION OFFICE						
Operator Shell Oil Company (Western Division)							
}	Address P.O. Box 1509, Midla						
	Reason(s) for filing (Check proper box)	1103 20000 12101	Other (Please explain)				
	New Well Change in Transporter of:						
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens					
	If change of ownership give name						
	and address of previous ownerUNDESIGNATED						
11.	DESCRIPTION OF WELL AND L Lease Name Amco A Federal	Well No. Pool Name, Including Fo 3 Cato (San Andr	ormation R-3/8 Kind of Lease State, Federal of	Fee Federal 0155254-A			
	Location / A 660	north	660	east			
	Unit Letter;	Feet From TheLine	e and Feet From The				
		nship Range	, NMPM,	County			
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oll	ER OF OIL AND NATURAL GA	Address (Give address to which approved	l copy of this form is to be sent)			
	Mobil Pipeline Company		P.O. Box 900, Dallas, Address (Give address to which approved				
1	Name of Authorized Transporter of Cast	inghead Gas or Dry Gas	Address (Give address to which approved top) of this joint of the				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 9-S 30-E	Is gas actually connected? When				
	If this production is commingled with	that from any other lease or pool,	give commingling order number:	TB 179			
IV.	Designate Type of Completion	Q11 W 011	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.		P.B.T.D. 3544*			
	1-10-68 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	4098 GR	San Andres 3424', 3429', 3435', 344	3412' 40', 3444', 3465',,3469',	3306 Depth Casing Shoe			
	Perforations 3472', & 3475'	•		3580'			
	101 F 0175	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT			
	12 1/4"	8 5/8"	270'	200			
	7 7/8"	4 1/2"	3580	400			
		2**	33061				
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil able for this depth or be for full 24 hours)							
	Date First New Oil Run To Tanks 1-20-68	Oll. WELL Date First New Oil Run To Tanks Date of Test Producing		oducing Method (Flow, pump, gas lift, etc.) flowing			
	Length of Test	Tubing Pressure 200 psi	Casing Pressure	Choke Siz 24/64"			
	Actual Prod. During Test 198	Oil-Bbis.	Water - Bbls.	Gas-MCF			
	198						
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
			Casing Pressure (Shut-in)	Choke Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					
VI	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 (Signature) Division Production Superintendent		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 allow-				
	(T	isle) 1968	All sections of this form must be inted out completely able 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.				
	January 24,	1900 ate)					
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