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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

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"/>	Commingled with Amco lease
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" type="checkbox"/>	Dry Gas <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 A Federal	Well No. 5	Pool Name, Including Formation Cato (San Andres)	Kind of Lease Federal	Lease No. NM0155254A
Location				
Unit Letter B	660	Feet From The north Line and 1980	Feet From The east	
Line of Section 4	Township 9-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 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 B	Sec. 4	Twp. 9-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 1-25-68	Date Compl. Ready to Prod. 2-3-68	Total Depth 3542'	P.B.T.D. 3513'					
Elevations (DF, RKB, RT, GR, etc.) 4107 DF	Name of Producing Formation San Andres	Top Oil/Gas Pay 3388'	Tubing Depth 3279'					
Perforations 3388', 3397', 3400', 3406', 3415', 3420', 3425', 3438', 3440', 3443', 3447', 3449'			Depth Casing Shoe 3540'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		263'		200			
7 7/8"	4 1/2"		3540'		400			
	2"		3279'					

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 2-3-68	Date of Test 2-3-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 6 1/2 hours	Tubing Pressure 200	Casing Pressure -	Choke Size 12/64"
Actual Prod. During Test 76	Oil-Bbls. 76	Water-Bbls. -	Gas-MCF 24

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 6, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.