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## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

SANTAFE	REQUEST	FOR ALLOWABLE	Effective 1-1-65
FILE	AUTHORIZATION TO TO	AND AND MATURAL	CAS
U.S.G.S.		NSPORT OIL AND NATURAL	GAS
OIL	.43	The second of th	
TRANSPORTER GAS	<del>-</del>	*Amended to sho	w correct lease name
OPERATOR	1		
PRORATION OFFICE			
Operator			
Shell Oil Company (M	Western Division)		
P.O. Box 1509, Midla	ind, Texas 79701		
Reason(s) for filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Ga	s	(2) 1 5 h. 1.
Change in Ownership	Casinghead Gas Conden	isate	
If change of ownership give name and address of previous owner			<i>v</i>
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	2 /	<u> </u>
Thelma Crosby	1 Cato (San An	dres) // State, Feder	ral or Fee Fee
Location			
Unit Letter I ; 660	Feet From The <b>East</b> Lin	se and 1980 Feet From	The South
Oilt Letter			
Line of Section 5 To	wnship 9-5 Range	30-E , NMPM,	Chaves Count
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	is	
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
Scurlock Oil & Gas Con		414 Mid America Bldg.	, Midland, Texas 79701
'Name of Authorized Transporter of Co		Address (Give address to which appr	oved copy of this form is to be sent)
Name of the second of the seco	Unit Sec. Twp. Rge.	Is gas actually connected?	hen
If well produces oil or liquids, give location of tanks.	T 5 9-S 30-E	No	
		wine commingling order number	
	ith that from any other lease or pool,	give comminging order number.	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Re
Designate Type of Completi	on - (X)	x	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	1	3507 t	3473*
3-1-68	3-10-68  Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	•	3337'	3453*
4090 <b>DF</b>	San Andres		Depth Casing Shoe
Perforations 3337', 3343',	3 <b>345', 33</b> 48 <b>', 3350', 3<i>35</i>4</b>	4', 3359',	3 <b>5</b> 07 '
	THRING CASING AND	D CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	<del></del>		
12 1/4"	8 5/8" \ 4 1/2"	271 ' 3507 '	200 400
7 7/8"	4 1/2"	3307	400
	<del></del>	22601	<u> </u>
	2"	3269'	
TEST DATA AND REQUEST I	FOR ALLOWABLE \(Test must be a	after recovery of total volume of load o	il and must be equal to or exceed top a
OIL WELL	dote for this d	epth or be for full 24 hours)  Producing Method (Flow, pump, gas	lift etc.)
Date First New Oil Run To Tanks	Date of Test		
3-10-68	3/10-68	Pump Control Breakure	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
24 Hrs.		Water Blil	Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	
91	/ 78	13	14
GAS WELL		Ta.: 2	Complete of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			10110
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIA	NCE	OIL CONSER	VATION COMMISSION
CERTIFICATE OF COMPLIA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	I completions of the Oil Companyation	APPROVED	, 19
Ci-si base been complied	d regulations of the Oil Conservation with and that the information given	1000	
above is true and complete to t	he best of my knowledge and belief.	BY	weg
addie in orde and complete to			
Original Signed By		TITLE	
K. W. LAGRONE		This form is to be filed i	n compliance with RULE 1104.
IL, TY, IMICIONA	K. W. Lagrone	TE ANI - In a consument for all	lowable for a newly drilled or deep
/5:	gnature)	Abia form must be sccor	naniad by a tabulation of the devi-
Division Production Superintendent		tests taken on the well in ac	cordance with RULE 111.
		All sections of this form	must be filled out completely for a
(Title)		able on new and recompleted	wells.
		TILL AND COLUMN PARKINGS V	

(Date)

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.

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.