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| | 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-1
Effective 1-1-65

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| Operator Shell Oil Company | |
| Address P. O. Box 1509, Midland, Texas 79702 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Add Change in Transporter of: <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of ownership give name and address of previous owner _____ | |

| | | | | |
|--|---------------|---|--|-----------|
| Lease Name Thelma Crosby B | Well No. 2 | Pool Name, Including Formation Cato San Andres | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West Line of Section 5 Township 9-S Range 30-E , NMPM, Chaves County | | | | |

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|--|-----------|--|------------|-------------|-----------------------------------|----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Company | | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1073, Midland, Texas 79702 | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cities Service Oil Company | | Address (Give address to which approved copy of this form is to be sent) P. O. Box 4906, Midland, Texas 79702 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit I | Sec. 5 | Twp. 9S | Rge. 30E | Is gas actually connected? Yes | When 3-1-77 |

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-188

| | | | | | | | | | |
|--------------------------------------|-----------------------------|-----------------|-------------------|----------|--------------|--------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | | | Tubing Depth | | | | |
| Perforations | | | Depth Casing Shoe | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | | |
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|---------------------------------|--|-----------------|--|---|--|------------|
| Date First New Oil Run To Tanks | | Date of Test | | Producing Method (Flow, pump, gas lift, etc.) | | |
| Length of Test | | Tubing Pressure | | Casing Pressure | | Choke Size |
| Actual Prod. During Test | | Oil-Bbls. | | Water-Bbls. | | Gas-MCF |

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

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| I. 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. | |
| G. W. Tullos (Signature) Senior Production Engineer (Title) March 22, 1977 (Date) | |

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| OIL CONSERVATION COMMISSION | |
| APPROVED _____, 19____ | |
| BY _____ Orig. Signed by Larry Seaton Dist. L. Seaton | |
| 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. | |