

| | | |
|------------------------|-----|--|
| NO. OF COPIES RECEIVED | | |
| DISTRIBUTION | | |
| SANTA FE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION 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 | | |
| Address P. O. Box 1509, Midland, Texas 79701 | | |
| Reason(s) for filing (Check proper box) | Change in Transporter of: | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | CASINGHEAD GAS MUST NOT BE FLAMED AT THE 10/12/76 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED. |
| Recompletion <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | | |

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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|-----------|
| Lease Name Thelma Crosby B | Well No. 3 | Pool Name, including Formation Cato San Andres | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter 'E' ; 1930 Feet From The North Line and 710 Feet From The West Line of Section 5 Township 9S Range 30 E , NMPM, Chaves County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| 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 79701 |
| 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 Sec. Twp. Rge. Is gas actually connected? When F 5 9S 30E No |

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

COMPLETION DATA

| | | | | | | | | |
|---|--|-----------------------------------|--|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 7-27-76 | Date Compl. Ready to Prod. 8-12-76 | Total Depth 3475 | P.B.T.D. 3455 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4074 DF | Name of Producing Formation San Andres | Top Oil/Gas Pay 3136 | Tubing Depth 4284 | | | | | |
| Perforations 3302 - 3306 | | | Depth Casing Shoe 3475 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12-1/4" | 8-5/8" | 275' | 200 | | | | | |
| 7-7/8" | 5-1/2" | 3475' | 1450 | | | | | |

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 8-12-76 | Date of Test 8-14-76 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 10 hours | Tubing Pressure 250 | Casing Pressure --- | Choke Size 2" |
| Actual Prod. During Test | Oil-Bbls. 87 | Water-Bbls. 87 | Gas-MCF TSTM |

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 |

VII. 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.

J. D. D'Agostino
(Signature)
J. D. D'Agostino, Senior Drilling Engineer
(Title)

August 23, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 23 1976, 19

BY [Signature]
TITLE SUPERVISOR DISTRICT I

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