

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OH C-104 and C-11
Effective 1-1-65

DISTRIBUTION		
DATE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator
Shell Oil Company

Address
P O Box 1509, Midland, Texas 79701

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER 11/1/76 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <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. 4	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter C	1980	Feet From The West	Line and 660	Feet From The North
Line of Section 5	Township 9S	Range 30E	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"/>		Address (Give address to which approved copy of this form is to be sent)		
Mobil Pipe Line Company		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 F	Sec. 5	Twp. 9S	Rge. 30E
	Is gas actually connected?		When	
	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 8-4-76	Date Compl. Ready to Prod. 8-20-76		Total Depth 3415			P.B.T.D. 3410			
Elevations (DF, RKB, RT, GR, etc.) 4118 DF	Name of Producing Formation San Andres		Top Oil/Gas Pay 3352			Tubing Depth 3405			
Perforations 3352-3390					Depth Casing Shoe 3415				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	279'	200
7 7/8"	5 1/2"	3415'	1700

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 8-20-76	Date of Test 8-29-76	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 140	Water-Bbls. 0	Gas-MCF 147

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

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 **J. D. D'Agostino**
(Signature)
Senior Drilling Engineer
(Title)
9-1-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____ 9/1/76

BY Jerry Selton

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.