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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
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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-  
Effective 1-1-65

Operator Shell Oil Company	
Address P. O. Box 1509, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amco A Federal	Well No. 6	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Federal	Lease No.
Location				
Unit Letter D	660	Feet From The North	Line and 660	Feet From The West
Line of Section 4	Township 9S	Range 30E	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 Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1073, Midland, TX 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, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 5	Twp. 9S	Rge. 30E	Is gas actually connected? Yes	When 9-11-77

If this production is commingled with that from any other lease or pool, give commingling order number: CT - 179

IV. 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't. <input type="checkbox"/>	D.H. Res't. <input type="checkbox"/>
Date Spudded 7-25-77	Date Compl. Ready to Prod. 9-11-77	Total Depth 3545		P.B.T.D. 3507					
Elevations (D.F., RKB, RT, GR, etc.) 4124.7 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 3410		Tubing Depth 3459					
Perforations 3410, 3420, 3423, 3425, 3430, 3449, 3451				Depth Casing Shoe 3545					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		259		150 Class C				
7 7/8"	5 1/2"		3545		1750 Howco Lite + 250 Class C				
2 3/8"	-		3459		-				

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 9-11-77	Date of Test 10-14-77	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24	Tubing Pressure 35	Casing Pressure 35	Choke Size -
Actual Prod. During Test	Oil-Bbls. 5	Water-Bbls. 53	Gas-MCF 11

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

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.

J. D. D'Agostino

J. D. D'Agostino  
(Signature)

Senior Drilling Engineer  
(Title)

10-27-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_

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.

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OIL CONSERVATION COMM.  
HOBBS, N. M.