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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-112
Effective 1-1-65

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 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. 7	Pool Name, including Formation Cato (San Andres)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-0155254-A
Location Unit Letter F ; 1980 Feet From The north Line and 1980 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"/>		Address (Give address to which approved copy of this form is to be sent)		
Mobil Pipe Line Company		P. O. Box 1073, Midland, Texas 79702		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Cities Service Oil Company		P. O. Box 4906, Midland, Texas 79702		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 33	Twp. 8S	Rge. 30E
Is gas actually connected?		When		
Yes		9-4-77		

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

V. 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 7-17-77	Date Compl. Ready to Prod. 9-4-77		Total Depth 3463'		P.B.T.D. -			
Elevations (EF, RKB, RT, GR, etc.) 4068.10 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 3374'		Tubing Depth 3400			
Perforations 3374-3425' (8 holes)					Depth Casing Shoe 3463'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		258'		150			
7 7/8"	5 1/2"		3463'		2245			
	2 3/8"		3400		None			

VI. 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 9-4-77	Date of Test 9-6-77	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. 10	Water-Bbls. 35	Gas-MCF 80

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

VII. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>SLI 1000</u> , 19 <u>1977</u>	
<u>J. D. D'Agostino</u> (Signature)		BY <u>Larry Sexton</u>	
Senior Drilling Engineer (Title)		TITLE <u>INSPECTOR DISTRICT I</u>	
9-16-77 (Date)		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.