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

I. Operator
Shell Oil Company
Address
P. O. Box 1509, Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name McGrail	Well No. 3	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee Fee	Lease No. -
Location Unit Letter M ; 990 Feet From The south Line and 990 Feet From The west Line of Section 5 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, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input 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 9-20-77

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

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-22-77	Date Compl. Ready to Prod. 9-19-77		Total Depth 3450		P.B.T.D. 3416			
Elevations (DF, RKB, RT, GR, etc.) 4050.4 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 3267		Tubing Depth 3399			
Perforations 3267-3292					Depth Casing Shoe -			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	254'	150 sx
7 7/8"	5 1/2"	3450'	2380 sx
-	2 3/8"	3399'	-

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 10-1-77	Date of Test 10-2-77	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. 97	Water - Bbls. 12	Gas - MCF 40

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
(Signature)
Senior Drilling Engineer
(Title)
10-10-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED 003 31 1977, 19
BY Jerry S. Linton
TITLE SUPERVISOR

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 change of owner, well name or number, or transporter or other such change of condition.