

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION 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-1
Effective 1-1-65

I. Operator
Shell Oil Company

Address
P. O. Box 1509, Midland, TX 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 Thelma Crosby	Well No. 2	Pool Name, including Formation Cato San Andres	Kind of Lease State, Federal or Fee	Lease No. -
-----------------------------	---------------	---	--	----------------

Location
Unit Letter J; 1980 Feet From The South Line and 2080 Feet From The East
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, TX 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, TX 79702
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. I 5 9S 30E	Is gas actually connected? When Yes 9-23-77

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

V. COMPLETION DATA

Designate Type of Completion - (X) Oil Well X Gas Well X New Well X Workover Deepen Plug Back Same Hestv. Diff. Hestv.	Date Spudded 8-15-77	Date Compl. Ready to Prod. 9-19-77	Total Depth 3450	P.B.T.D. 3404
Elevations (DF, RKB, RT, GR, etc.) 4065.0 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 3308	Tubing Depth 3360	Depth Casing Shoe 3450
Perforations 3308, 3311, 3317, 3323, 3327, 3330, 3335, 3353, 3355				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 5 1/2"	DEPTH SET 259 3450	SACKS CEMENT 150 Class C 1430 (Howco) Lite + 270 Class C
--------------------------------	--	--------------------------	---

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 9-19-77	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. 12	Water-Bbls. 48	Gas-MCF 23

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

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)
27-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 19
BY *[Signature]*
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 deviated 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 well name or number, or transporter or other such change of condition.

RECEIVED

1977

OIL COMMISSION OF N.M.
HOBBS, N. M.