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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-110

HOBBS OFFICE  
May 22 2 42 PM '66

I.

Operator <b>Shelly Oil Company</b>	
Address <b>P. O. Box 730, Hobbs, New Mexico</b>	
Reason(s) for filing (Check proper box)	
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 <b>Willard Beatty</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Lazy "J" Penn</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM 01124</b>
Location				
Unit Letter <b>"K"</b>	<b>1630</b>	Feet From The <b>South</b>	Line and <b>2310</b>	Feet From The <b>West</b>
Line of Section <b>35</b>	Township <b>13-S</b>	Range <b>33-E</b>	, NMPM, <b>Lea</b> 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) <b>P.O. Box 1510, Midland, Texas</b>					
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) <b>P.O. Box 1045, Hobbs, New Mexico</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>"Y"</b>	Sec. <b>35</b>	Twp. <b>13-S</b>	Rge. <b>33-E</b>	Is gas actually connected? <b>Yes</b>	When <b>11-19-66</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded <b>10-18-66</b>	Date Compl. Ready to Prod. <b>November 19, 1966</b>		Total Depth <b>9900'</b>		P.B.T.D. <b>9843'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>4216' DF</b>	Name of Producing Formation <b>Wolfcamp</b>		Top Oil/Gas Pay <b>9807'</b>		Tubing Depth <b>9839'</b>			
Perforations <b>9807' - 9838' - Intervals - Wolfcamp</b>					Depth Casing Shoe <b>9900'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>15"</b>	<b>11-3/4"</b>		<b>358'</b>		<b>300</b>			
<b>11"</b>	<b>8-5/8"</b>		<b>4200'</b>		<b>400</b>			
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>9900'</b>		<b>500</b>			
<b>--</b>	<b>2-3/8"</b>		<b>9839'</b>		<b>--</b>			

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 <b>11-19-66</b>	Date of Test <b>11-21-66</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>530#</b>	Casing Pressure <b>Packer</b>	Choke Size <b>18/64"</b>
Actual Prod. During Test <b>300</b>	Oil - Bbls. <b>300</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>422</b>

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

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.

(ORIGINAL  
SIGNED) **H. E. Aab**

(Signature)

**District Superintendent**

(Title)

**November 22, 1966**

(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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

DEVIATING AFFIDAVIT  
DATE November 22, 1966

New Mexico Oil Conservation Commission

P. O. Box 1980

Hobbs, New Mexico

State of New Mexico

County of Lea

H. E. Aab, of lawful age, being first duly sworn deposes and says:

That he is employed by Shelly Oil Company in the capacity of Dist. Superintendent and is fully acquainted with the facts as set forth herein.

That during the months of October & November 1966, Hondo Drilling Company ran the following Deviation Surveys for Shelly Oil Company on their Willard Beaty Well No. 3, in NE 1/4 of SW 1/4 of Sec. 35-13S-33E, N40W, Lazy "J" Penn. Pool, Lea County, New Mexico.

SLOPE TEST DATA

<u>Depth In</u>	<u>Angle in Degrees</u>	<u>Depth In</u>	<u>Angle in Degrees</u>
358'	3/4	6015'	1/2
820'	1/2	6591'	0
1340'	3/4	6884'	0
1840'	1/4	7158'	1/4
2338'	1/2	7512'	1/4
2548'	1-1/4	7894'	3/4
3321'	2	8222'	1
3694'	1-3/4	8700'	1-1/4
3974'	1	9016'	2
4200'	3/4	9510'	1-1/2
4548'	1/2	9657'	1-1/4
5516'	3/4	9780'	1
		9900'	1/4

Subscribed and sworn to before me this 22nd day of November, 19 66.

William F. Griffith

Notary Public in and for said County and State

My commission expires: August 7, 1969

I hereby certify that the information given above is true and complete to the best of my knowledge and belief.

H. E. Aab  
Name

District Superintendent

Position

P. O. Box 730, Hobbs, New Mexico

Address