

OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

SHELL OIL COMPANY

P. O. BOX 991, T & C 237, HOUSTON, TX 77001

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐
Coolinghead Gas ☐ Condensate ☐

Other (Please explain)

Request testing allowable in
amount of 950 bbls.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well was permitted as wildcat.

Lease Name Shell Askew Well No. 1 Pool Name, including Formation Wildcat Shingray Linn Kind of Lease Fee 20533

Location Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line of Section 2 Township 5S Range 32E, NMPM, Roosevelt Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent) Mobil Oil Corp. P.O. Box 693 Tatum, New Mexico 88267

Name of Authorized Transporter of Coolinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Some Restr. Diff. Re Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 of able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate Testing Method (pucl, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. J. Fore Supervisor

10/30/80 (Date)

OIL CONSERVATION DIVISION

APPROVED 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 deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for able 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 conf. Separate Forms C-104 must be filed for each pool in new recompleted wells.