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NO. OF COPIES RECEIVED		S	
DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST	FOR ALLOWABLE 119 3	Supersedes Old C-104 and C-11
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL (§AS _O
LAND OFFICE		ORIF	, o o3 W 18e
TRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Socony Mobil Oil Compa	any, Inc.	:	
P. O. Box 1800, Hobbs	New Mexico 88240		
Reason(s) for filing (Check proper box	:)	Other (Please explain)	
New Well	Change in Transporter of:	Change Name & We	ell No. due to
Recompletion	OII Dry Go	unitization.	
Change in Ownership X	Casinghead Gas Conde	nsate Old Name: G. M.	. Shelton #5
If change of ownership give name and address of previous owner	Shell Oil Company, Box	1810, Midland, Texas	
•	LEASE		
Lease Name	Well No. Pool No	rme, Including Formation	Kind of Lease State, Federal or Fee
Denton North Wolfcamp	Unit Tract 14 5 Dent	on Wolfcamp	State, Federal of Fee Fee
Unit Letter E ; 231	Feet From The North Lin	ne and 430 Feet From	The West
Line of Section 26 , To	ownship 14-S Range	37-E , NMPM, Lea	a County
	mon of our and Markinsk C	A C	
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
Service Pipe Line Company		2411 Knoxville, Lubbock, Texas	
Name of Authorized Transporter of Co	nsinghead Gas X or Dry Gas 📑	Address (Give address to which appro	oved copy of this form is to be sent)
Atlantic Refining Com		Box 1610, Midland, Texa	as
	Unit Sec. Twp. Rge.		nen
If well produces oil or liquids, give location of tanks.	D 26 14-S 37-E	Yes	6-9-64
		give commingling order number:	
If this production is commingled w	ith that from any other lease or poor,	, give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
If this production is commingled w. COMPLETION DATA Designate Type of Completion	Oil Well Gas Well		!
COMPLETION DATA	Oil Well Gas Well		Plug Back Same Restv. Diff. Restv.
Designate Type of Completi	Oil Well Gas Well On - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D.
Designate Type of Completi	on - (X) Gas Well	New Well Workover Deepen	!
Designate Type of Completing Date Spudded Pool	Oil Well Gas Well On - (X) Gas Well Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth	P.B.T.D.
Designate Type of Completi	Oil Well Gas Well On - (X) Date Compl. Fleady to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Cil/Gas Pay	P.B.T.D. Tubing Depth
Designate Type of Completing Date Spudded Pool	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
Designate Type of Completing Date Spudded Pool	Oil Well Gas Well On - (X) Date Compl. Fleady to Prod. Name of Producing Formation	New Well Workover Deepen Total Depth Top Cil/Gas Pay	P.B.T.D. Tubing Depth
Designate Type of Completing Date Spudded Pool Perforations	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN	New Well Workover Deepen Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth Depth Casing Shoe
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Designate Type of Completic Date Spudded Pool Perforations HOLE SIZE	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE	New Well Workover Deepen Total Depth Top Cil/Gas Pay ID CEMENTING RECORD DEPTH SET	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT
Designate Type of Complete Date Spudded Pool Perforations HOLE SIZE	Date Compl. Fleady to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE	Total Depth Top Oil/Gas Pay ID CEMENTING RECORD DEPTH SET after recovery of total volume of load oi	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT
Designate Type of Complete Date Spudded Pool Perforations HOLE SIZE V. TEST DATA AND REQUEST 1 OIL WELL	Date Compl. Fleady to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this design of the content of the	New Well Workover Deepen Total Depth Top Oil/Gas Pay ID CEMENTING RECORD DEPTH SET after recovery of total volume of load oil lepth or be for full 24 hours)	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT l and must be equal to or exceed top allow
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Designate Type of Complete Date Spudded Pool Perforations HOLE SIZE V. TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test	Oil Well Gas Well On - (X) Date Compl. Fleady to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this a	Total Depth Top Oil/Gas Pay ID CEMENTING RECORD DEPTH SET after recovery of total volume of load oilepth or be for full 24 hours) Producing Method (Flow, pump, gas in Casing Pressure)	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT l and must be equal to or exceed top allow lift, etc.) Choke Size
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Designate Type of Complete Date Spudded Pool Perforations HOLE SIZE HOLE SIZE V. TEST DATA AND REQUEST I OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D Testing Method (pitot, back pr.) VI. CERTIFICATE OF COMPLIANT I hereby certify that the rules and Completed bayes been complied	Date Compl. Fleady to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE FOR ALLOWABLE (Test must be able for this a Date of Test Tubing Pressure Oil-Bbls. Length of Test Tubing Pressure	Total Depth Total Depth Top Oil/Gas Pay AD CEMENTING RECORD DEPTH SET after recovery of total volume of load oilepth or be for full 24 hours) Producing Method (Flow, pump, gas of Casing Pressure) Water-Bbls. Bbls. Condensate/MMCF Casing Pressure OIL CONSERV APPROVED	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT I and must be equal to or exceed top allow lift, etc.) Choke Size Gas-MCF Gravity of Condensate Choke Size ATION COMMISSION

TITLE _

Group Supervisor (Title) December 29, 1965

(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 Sections I, II, III, and VI only 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.