NO. OF COPIES RECE		<u>,                                    </u>	
DISTRIBUTION			ļ
SANTA FE			<b> </b>
FILE			<b>}</b>
U.S.G.S.			ļ
LAND OFFICE		1	↓
IRANSPORTER	OIL	ļ	ļ
	G A S		<u> </u>
OPERATOR			↓
PRORATION OFFICE			

Senior Production Engineer

9-7-78

(Title)

(Date)

## MEXICO OIL CONSERVATION COMMISSIO REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

SANTA FE		REQUEST F	OR ALLOWABLE	Effective 1-1-65	
AND				<b>A S</b>	
U.S.G.S.		AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GA	<b>~</b> J	
LAND OFFICE					
TRANSPORTER	DIL				
Thomas of the	5 A S				
OPERATOR					
PRORATION OFFIC	E				
Shell Oil Co	mpany —				
Address		iland, TX 79702			
Reason(s) for filing (C		· box)	Other (Please explain)		
New Well		Change in Transporter of.			
Recompletion		Oil Dry Ga	To show eas nine	line connection.	
Change in Ownership		Casinghead Gas Conder	isure [ ] O 1 1		
If change of ownersh	in give nam	me			
If change of ownersh and address of previo	ous owner_				
DESCRIPTION OF	WELL A	ND LEASE	ormation Kind of Lease	Lease No.	
Lease Name		Well No. Pool Name, Including F	ourg San Andres State, Federa	<b>\</b>	
State D-11		l Maljamar Gray		· · · · · · · · · · · · · · · · · · ·	
Location		<u> </u>	660 Feet From	The Wost	
Unit Letter		1980 Feet From The South Lin	ne and DUU reet riom		
	11	Township 17S Range	33E , NMPM, Lea	County	
Line of Section	11	Township			
DESIGNATION OF	F TRANSP	PORTER OF OIL AND NATURAL G	As Address (Give address to which appro	ved copy of this form is to be sent)	
Name of Authorized	Fransporter C	of Oil or Concensate	000 H-11-	NTM 992/10	
Western Oil	Transpo	ortation	Address (Give address to which appro	oved copy of this form is to be and	
Name of Authorized	Transporter o	of Casinghead Gas 🔀 or Dry Gas 🦳	4-th & Washington, Odes	sa, TX 79761	
Phillips Pe		1 Company		nen	
If well produces oil	or liquids,	Unit Sec. 1 mp.	1	9-1-78	
1	•			·	
If this production is	commingle	ed with that from any other lease or pool	, 6.10	Plug Back   Same Res'v. Diff. Res'v	
. COMPLETION D.	ATA	Oil Well Gas Well	New Well Workover Deepen	Frag Data	
Designate Typ	pe of Comp	pletion - (X) X	Pipe line connection	P.B.T.D.	
Date Spudded		Date Compl. Ready to Prod.	Total Depth	4685 Corrected	
3-11-78		4-21-78	4715 Corrected  Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RK		etc.; Name of Producing Formation	4396'	4597'	
4160.4	Gr.	Grayburg San Andres	1 4370	Depth Casing Shoe	
Perforations	07 /500	2 - 4600'			
4396 - 45	4592	TUBING, CASING, A	ND CEMENTING RECORD	SACKS CEMENT	
		CASING & TUBING SIZE	DEPTH SET		
12 1/4	SIZE	8 5/8"	415'	450	
7 7/8	11	5 1/2"	4629'	1700	
1 110					
			to all allows of load of	oil and must be equal to or exceed top allo	
V TEST DATA AN	D REQUE	EST FOR ALLOWABLE (Test must be able for this			
OIT WELL.			Producing Method (Flow, pump, gas	lift, etc.)	
Date First New Oil			Pumning	Chaha Sina	
4-22-7	8	4-26-78 Tubing Pressure	Casing Pressure	Choke Size	
Length of Test	· /.		<u> </u>	Gas-MCF	
Actual Prod. Durin	24	Oil-Bbls.	Water-Bbls.	20	
Actual Prod. Durin	,,	22	2		
l			<del>-</del> ,		
GAS WELL			Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test	-MCF/D	Length of Test	BDIG. COLINGIA OF THE STATE OF	36.4°	
Ì		70.41	Casing Pressure (Shut-in)	Choke Size	
Testing Method (F	itot, back pr	or.) Tubing Pressure (Shut-in)			
			OIL CONSER	RVATION COMMISSION	
VI. CERTIFICATE	OF COM	PLIANCE	arn 1	1 1978:	
		of the Oil Conservat	ion APPROVED		
I hereby certify	that the rul	les and regulations of the Oil Conservat mplied with and that the information gi- te to the heat of my knowledge and beli-	ion APPROVED	d B	
Commission hav	e been con nd complete	mplied with and that the information ga- te to the best of my knowledge and beli	lef. BYSest	m	
#U010 15 (100 0)	-		TITLE Per 1. 50		
	11	1		is compliance with RULE 1104.	
	1//0	G. W. Tulle	. W. Tullos		
	2 See	ent flo	well, this form must be acce	accedence with RULE 111.	
	<u>-</u>	(Signature)	tests taken on the for	m must be filled out completely for all	

All sections of this form must be filled out completely for allow able 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 multip