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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			<u> </u>
LAND OFFICE			<u> </u>
TRANSPORTER OIL			
GAS			
OPERATOR			ļ_
PRORATION OFFICE			<u> </u>

DISTRIBUTION				SERVATION COMMIS	SSION	Form C-104 Supersedes O	ld C-104 and C-11
SANTA FE				OR ALLOWABLE	1	Effective 1-1-	
FILE				AND	ATUDAL CA	s ::	•
U.S.G.S.		AUTHORIZATIO	N TO TRAN	SPORT OIL AND N	ATURAL GA	3	۱.: ز
LAND OFFICE							
TRANSPORTER GAS							
OPERATOR							
PRORATION OFFICE							
Operator Shell Oil Compa	my						
Address							
P. O. Bex 1509	widlend 7	exas7970)1				
Reason(s) for filing (Chec	k proper box)			Other (Please			
1	(Change in Transport	er of:	Gas Co	nnection		
New We!l		ou [Dry Gas				
Recompletion			Condens				
Change in Ownership		Casinghead Gas	Condens	**e			
Lease Name Location Unit Letter	·	Well No. Poci ivani	s Blinebry	2310	State, Federal o	east	4-1118
Line of Section 32	Township	18-S	Range 38-	, NMPM	·	Lea	County
II. DESIGNATION OF T	RANSPORTER .	OF OIL AND NA	ATURAL GAS	Address (Give address	to which approve	ed copy of this form i	is to be sent)
Name of Authorized Tran	sporter of Oil	or Condensate					
Chatt Ding Tin	a Corporatio	B#1		P. O. Bex 19	110, Midla	ad ISAS	79701
Name of Authorized Tran	scorter of Casinghe	ad Gas Co or Dr	y Gas	Address (Give address			23 10 00 00)
Phillips Petro	Java Compai	a v		Phillips But	ilding, Od	essa, Texas	
PRILITY PECTO	Unit		p. Rge.	Is gas actually connect	ed? Wher		
If well produces oil or lie	quids,	32 18-		Yes	7	-1-69	
give location of tanks.						PC-375	
If this production is con	mmingled with the	t from any other l	ease or pool,	give commingling orde	r number:	PG=3/3	
If this production is con	ummigred with the					Di - Brek Samo	Res'v. Diff. Res
V. COMPLETION DATA		Oil Well	Gas Well	New Well Workover	Deepen	TPlug Back Same I I	nes (, Diii. Nes
Designate Type o	f Completion -	(X)	,	i i	i i	1	
				Total Depth		P.B.T.D.	
Date Spudded	Date	e Compl. Ready to F	-104.				
				To OH (Can Day)		Tuking Depth	
Elevations (DF, RKB, R	T, GR, etc., Nam	ne of Producing For	mation	Top Oil/Gas Pay			
	1					5 1 6 1 5	
						Depth Casing Shoe	

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Designate Type of Completion	on $-(X)$	1	!	1	l	4	 	1	
		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
						Depth Casing Shoe			
Perforations									
		TUBING,	CASING, AN	DCEMENT				LOVE CENE	
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		<u> </u>	
									
	:								

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) OIL WELL

Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test

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
CERTIFICATE OF COMPLIAN	VCE	OIL CONSER	VATION COMMISSION

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.

25 Million	L.S.Mitchell
(Signature)	<u></u>

Division Production Superintendent

December 16, 1969

(Date)

(Title)

APPROVED_			
121	21/1/2	The way	
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