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LAND OFFICE		
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  
Effective 1-1-65

I. Operator  
Shell Oil Company  
Address  
P. O. Box 1509, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell A State	Well No. 7	Pool Name, including Formation Hobbs Blinebry	Kind of Lease State, Federal or Fee State	Lease No. A-1118
Location Unit Letter H ; 1930 Feet From The North Line and 660 Feet From The East Line of Section 32 Township 18-S Range 38-E, NMPM, Lea 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"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79701					
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)					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 32	Twp. 18-S	Rge. 38-E	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-31

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'v.	Diff. Res'v.
Date Spudded 6-14-69	Date Compl. Ready to Prod. 8-1-69	Total Depth 7020'		P.B.T.D. 6981' *				
Elevations (DF, RKB, RT, GR, etc.) 3646' DF	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5829'		Tubing Depth 5993'			
Perforations 5829', 5834', 5859', 5879', 5909', 5918', 5936', 5955', 5964', 5966'					Depth Casing Shoe 7015'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		350'		350			
12-1/4"	8-5/8"		3790'		1300			
7-7/8"	5-1/2" liner		7015'		650			
	2"		5993'					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 8-1-69	Date of Test 8-3-69	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hr.	Tubing Pressure 100 psi	Casing Pressure	Choke Size 1"
Actual Prod. During Test 558	Oil-Bbls. 555	Water-Bbls. 3	Gas-MCF 308

\*Retrievable bridge plug set @ 5993'. When dual equipment installed an application for Dual GAS WELL Completion will be filed.

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 By  
N. W. Harrison (Signature) L. S. Mitchell

Division Production Superintendent  
(Title)

August 4, 1969  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_

TITLE SUPERVISOR DISTRICT I

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 zoned wells.