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TRANSPORTER	OIL	
	GAS	
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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

Operator Shell Oil Company	
Address P. O. Box 1509, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State A	Well No. 7	Pool Name, including Formation Hobbs Drinkard	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 Corp.	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	Sec.
	Twp.	Rge.
	Is gas actually connected? No When	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'ty.	<input type="checkbox"/> Diff. Res'ty.
Date Spudded 6-14-69	Date Compl. Ready to Prod. 7-16-69	Total Depth 7020'		P.B.T.D. 6981'				
Elevations (DF, RKB, RT, GR, etc.) 3646' DF	Name of Producing Formation Drinkard	Top Oil/Gas Pay 6930'		Tubing Depth 6783'				
Perforations 6930' - 6932'					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 ex			
12 1/4"	8 5/8"		3790'		1300 ex			
5 1/2"	5 1/2"		7015'		650 ex			

V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 7-16-69	Date of Test 7-17-69	Producing Method (Flow, pump, gas lift, etc.) Flowing and swabbing	
Length of Test 24 hour	Tubing Pressure -	Casing Pressure -	Choke Size Open
Actual Prod. During Test 162	Oil-Bbls. 140	Water-Bbls. 22	Gas-MCF 210

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

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.

L.S. Mitchell **L. S. Mitchell**
(Signature)
Division Production Supt.
(Title)
July 21, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19 1969
BY [Signature]
TITLE SUPERT OF DISTRICT

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 completed wells.