	PIST NIBULD	O14	ı	ı
5.0	TAFE			
	Ε		<del> </del>	
	G.S.		1	_
	DOFFICE			
TRANSPORTER OIL GAS		OIL		
		GAS		

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

	G.S.  1D OFFICE  TRANSPORTER  OIL  GAS  OPERATOR  PRORATION OFFICE  Operator	AUTHORIZATION TO	AND TRANSPORT OIL AND NATUR	Effective 1-1-6	S			
	Shell 011 Go	mpany						
	Address P. O. Boss 53	76 Houston Towns 77001			<del></del>			
	Reason(s) for filing (Check proper	76, Houston, Texas, 77001	the same of the sa					
	New Well	Change in Transporter of:	Other (Please explain)					
	Recompletion Change in Ownership		Gas [					
			ndensate					
	If change of ownership give nam and address of previous owner	TITIS WELL HAS R	EEN PLACED IN THE POOR					
I	DESCRIPTION OF WELL AN	ID LEASE						
	Lease Name State B	Well No. Pool Name, Including	4		Lease No.			
	Location	5 Hobbs (Paddo	ock) K-913/ State, Fi	ederal or Fee State				
	Unit Letter D	660 Feet From The North	Line and 660 Feet F	rom The West				
	Line of Section 33	Township 188 Range	200					
Ш	. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL (		Lea	County			
	Rume of Authorized Transporter of	or Condensate	Address (Give address to which a	pproved copy of this form is to	h			
	Shell Pipeline Co		P. O. Box 1910 Midle	ind Tower 70701	e sent)			
	Phillips Petroleu	Casinghead Gas X or Dry Gas m Company	Room 717, Phillips E	P. O. Box 1910 Midland, Taxas 79701  Address (Give address to which approved copy of this form is to be sent)  Room 717, Phillips Bldg., Odessa, Tx. 79760				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 3	is gas actually connected?	When				
		<del></del>		9-30-74				
IV.	this production is commingled with that from any other lease or pool, give commingling order number:							
	Designate Type of Complet	cion - (X)	New Well Workover Deepen	Plug Back   Same Res'v.	Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	<u> </u>			
	Elevations (DF, RKB, RT, GR, etc.)	9=30=74  Name of Producing Formation	7000	5497				
	3657 DF	Paddock	Top Oil/Gas Pay	Tubing Depth 5492				
	Perforations 5389 5307 5401 E414 E4		5389	Depth Casing Shoe				
	5389,5397,5401,5414,5421,5426,5431,5437,5442		ID CEMENTING RECORD	7000*				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMEN	T			
	17 1/2" 12 1/4"	13 3/8"	3601	300				
	8 3/4"	9 5/8"	3799*	1850				
			3597-7000	588				
V.	TEST DATA AND REQUEST FOIL WELL	FOR ALLOWABLE (Test must be	after recovery of total volume of load o	il and must be equal to or exce	ed top allow			
Ī	Date First New Oil Run To Tanks	Date of Test	epth or be for full 24 hours)  Producing Method (Flow, pump, gas					
	10-1-74 10-1-74		Pumping	isji, eic.j				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
j	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF				
L		115	50	Gd8-MCF				
	GAS WELL				32			
٢	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Gravity of Condensate				
L		rubind Pressure (Snut-in )	Casing Pressure (Shut-in)	Choke Size				
I	I. 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.							
	Mg (islam	ture)	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 allow-					
- S	Supervisor, Oil Account	ing 						
C	October 14, 1974 (Tit	ie)	able on new and recompleted w	ells.	tor allow-			

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.