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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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)	
New Well <input 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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE	
Lease Name Grimes	Well No. 9 Pool Name, Including Formation Hobbs - Blinbry
Location M 730.7 south 730.7 west	Kind of Lease State, Federal or Fee
Unit Letter 28	Feet From The 18-S Line and 38-E Feet From The Lea
Line of Section 28	Township 18-S Range 38-E , NMPM, County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input 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 1810, 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 M Sec. 28 T. 18-S R. 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 - 34**

IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well <input checked="" 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'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>
Date 9-9-69	Date Oil Ready to Prod. 10-5-69 Total Depth 7102' P.B.T.D. 7065' *
Elevation 3637' (B.R.K.B., RT, GR, etc.)	Name of Producing Formation Blinbry Top Oil/Gas Pay 3892' Tubing Depth 5800'
Perforations 5892', 5901', 5904', 5910', 5918', 5928', 5934', 5939', 5949', 5953', 5956', 5960', 5966', 5979'.	Depth Casing Shoe 7102'
TUBING, CASING, AND CEMENTING RECORD	
PIPE SIZE 17-1/2"	CASING TUBING SIZE 11-3/8" DEPTH SET 372' SACKS CEMENT 350
12-1/4"	9-5/8" 3787' 1200
8-3/4"	7" 7102' 720
	2" 5800'

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 10-5-69	Date of Test 10-5-69 Producing Method (Flow, pump, gas lift, etc.) Swab
Length of Test 24 hr.	Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test 148	Oil - Bbls 93 Water - Bbls 55 Gas - MCF 47

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.	
Original Signed By L. S. MITCHELL	L. S. Mitchell
Division Production Superintendent	
October 7 th 1969	

*Retrievable BP set @ 6020'.

OIL CONSERVATION COMMISSION	
APPROVED	19
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 completed wells.	