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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

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"/>	PURSUANT TO THE POOL RULES THIS AUTHORITY TO PRODUCE AND SEED OIL FROM THIS WELL WILL AUTOMATICALLY EXPIRE UNLESS A CASINGHEAD GAS CONNECTION OR AN AUTHORIZED EXCEPTION TO THE NO FLARE RULE HAS BEEN OBTAINED BY
Recompletion <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <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 Grimes	Well No. 9	Pool Name, Including Formation Hobbs-Drinkard	Kind of Lease State, Federal or Fee Fee	Lease No. ---
Location Hobbs-Drinkard R-3877				
Unit Letter M ; 730.7 Feet From The South Line and 730.7 Feet From The West				
Line of Section 28 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"/>	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	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-34**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8-9-69	Date Compl. Ready to Prod. 9-11-69		Total Depth 7102		P.B.T.D. 7065'			
Elevations (DF, RKB, RT, GR, etc.) 3657' - DF	Name of Producing Formation Drinkard		Top Oil/Gas Pay 6765'		Tubing Depth 6639'			
Perforations 6765', 6910', 6913', 6937', 6944', 6946', 6954', 6956'					Depth Casing Shoe 7102			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		372'		350			
12 1/4"	9 5/8"		3787'		1200			
8 3/4"	7"		7102'		720			

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 9-11-69	Date of Test 9-12-69	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hr.	Tubing Pressure 150	Casing Pressure	Choke Size 26/64"
Actual Prod. During Test 280	Oil - Bbls. 236	Water - Bbls. 44	Gas - MCF 192

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

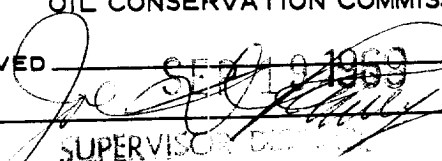
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


L. S. Mitchell
(Signature)

Division Production Superintendent
(Title)

September 16, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19
BY
TITLE **SUPERVISOR**

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.