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	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 Grimes	Well No. 10 Pool Name, including Pool No. Hobbs Drinkard R-3897
Location Unit Letter L ; 1880 Feet From The South Line and 750 Feet From The West Line of Section 28 Township 18-S Range 38-E , NMPM, Lea County	Kind of Lease State, Federal or Fee Lease No.

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 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 Sec. Twp. Rge. Is gas actually connected? When
M 28 18-S 38-E	No

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 checked="" 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 type="checkbox"/>
Date Spudded 9-5-69	Date Compl. Ready to Prod. 10-1-69
Elevations (DF, RKB, RT, GR, etc.) 3658' DF	Name of Producing Formation Drinkard
Perforations 6623', 6645', 6647', 6649', 6686', 6714', 6716', 6783', 6943', 6961', 6964', 6972', 6978', 6980', 6983'	Total Depth 7150'
	Top Oil/Gas Pay 6623'
	Tubing Depth 6500'
	Depth Casing Shoe 7143'
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
17 1/2"	13 3/8"
14 1/4"	9 5/8"
	7"
	2"
	DEPTH SET
	352'
	3816'
	7143'
	6500'
	SACKS CEMENT
	350
	1400
	685

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 10-1-69	Date of Test 10-5-69
Length of Test 24 hrs.	Producing Method (Flow, pump, gas lift, etc.) swab
Actual Prod. During Test 188	Tubing Pressure 126
	Casing Pressure 62
	Water - Bbls. 62
	Gas - MCF 88

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
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.	
APPROVED _____, 19 _____	
BY J. D. Dusenbury	
TITLE Division Production Supt.	
October 10, 1969	
(Date)	

OIL CONSERVATION COMMISSION

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.