STATE OF NEW MEXICO ENERGY AND MINIERALS DEPARTMENT

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** ** ***** ***			
DISTRIBUTION			
SAMTA FE			
11.1			
v.t.u.t.			
LAND OFFICE			
1#4#1POMTER	OIL		
	GAB		
OPERATION			

December 1,

1983

Effective January 1.

(Date)

1984

OIL CONSERVATION DIVISION

	DIET AIRUTION	P. O. C	BOX 2088			
	71L F	SANTA FE, NI	EW MEXICO 87501			
	V.S.U.S.		•			
	104HPONTER OIL	REQUEST FOR ALLOWABLE				
	OPERATOR GAS	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
ı.	PAGNATION OFFICE					
	Shell Westerr					
Address						
	200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001					
	Reason(s) for filing (Check proper box	Change in Transparier of:	Other (Please explain)			
	Recompletion					
	Change in Ownership X	Casinghead Gas Con-	densate .			
	If change of ownership give name and address of previous owner	Shell Oil Company, P	.O. Box 991, Houston, Te	xas 77001		
1.	DESCRIPTION OF WELL AND	1 FASF				
••	Lease Name	Well No. Pool Name, Including				
	State D	2 Vacuum Glor	16ta State, Fede	ral or Foo State		
		60 Feet From The South L	560	The West		
			255	The		
	Line of Section 31 T.	emship 175 Range	35E NMPM, Lea	County		
ł.,		TER OF OIL AND NATURAL G				
	Name of Authorized Transporter of Cil		Address (Give address to which appr	, I'' '		
	Texas New Mexico Name of Authorized Transporter of Car	isinghead Gas 🐼 er Dry Gas 🗌	P.O. Box 52332 Houston TX 77052 Address (Give address to which approved copy of this form is to be sent)			
Phillips Pipeline Company GPM Gas Corporat			4001 Tensilovia Segroces da ,1 722as 79762			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? W	NA		
If this production is commingled with that from any other lesse or pool, give commingling order numbers. COMPLETION DATA						
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res		
	Date Spudded	Dete Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Lievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oti/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe			
		T	ND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
Ì						
į						
L			<u> </u>			
	TEST DATA AND REQUEST FO		after recovery of total volu <mark>me of load oil</mark> lepth or be for full 24 hows)	and must be equal to or excess top allo		
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas i	ifi, ate.)		
t	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
ļ				.		
	Actual Prod. During Test	O11-Bbis.	Water-Bbls.	Gas-MCF		
٠		Anna maria				
r	GAS WELL Actual Prod. Tool-MCF/D	Length of Teel	Bbie. Condensute/MMCF	Gravity of Condensate		
			Date: Colffebrated which	Grand or Company		
Ī	Testing Method (pitot, back pr.)	Tubing Presewe (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVA	TION DIVISION			
		APPROVED JAN 18 1984 . 19 ORIGINAL SIGNED BY EDDIE SEAY				
					OIL & GAS INSPECTOR	
					This form is to be filed in compliance with RULE 1104.	
		_	(Signal	<u> </u>	wall this form must be accompa	vable for a newly drilled or deepens nied by a tabulation of the deviation
			Attorney-in-Fact	7'	teets taken on the well in acco	rdance with MULE 111.
-	Tiel	le)	All sections of this form mu	at be filled out completely for allow		

All sections of this form must be able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner Il name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filled for each pool in multiple completed wells.