

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
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 type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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 _____
_____ WILL HAS BEEN PLACED IN THE POOL
_____ BELOW. IF YOU DO NOT CONCUR
_____ OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State A	Well No. 5	Pool Name, including Formation Vacuum Abo North R-4423	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter A	990	Feet From The North Line and 660	Feet From The East	
Line of Section 31	Township 17-S	Range 35-E	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"/> Trans-New Mexico Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Odessa, Texas 79760	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 31
	Twp. 17-S	Rge. 35-E
	Is gas actually connected? Yes	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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 checked="" 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 Spudded	Date Compl. Ready to Prod. 8-31-72		Total Depth 10,300		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.,) 3981 DF	Name of Producing Formation Abo		Top Oil/Gas Pay 8510		Tubing Depth 9382			
Perforations 8510-8626, 8809-8900, 9153-9309					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		293'		300 sx			
12-1/4"	9-5/8"		2982'		1250 sx			
8-3/4"-7-7/8"	5-1/2"		10,300'		1800 sx			

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 8-7-72	Date of Test 9-14-72	Producing Method (Flow, pump, gas lift, etc.,) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 96	Water-Bbls. 87	Gas-MCF 106

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.

J. R. Farina
(Signature)
Senior Production Engineer
(Title)
9-18-72
(Date)

OIL CONSERVATION COMMISSION
APPROVED **SEP 21 1972**, 19_____
BY **[Signature]**
TITLE **SUPERVISOR DISTRICT I**
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.

12-1-11

RECEIVED

SEP 2 1972

OIL CONSERVATION COMM.
HOUSTON, TEXAS