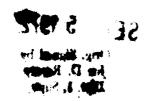
(NO. OF COPIES RECEIVED					
l	DISTRIBUTION					
	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL				
		GAS	l			
	OPERATOR					
1.	PRORATION OFFICE			L		
	Operator					
	SHELL OIL COMPANY Address					
	P. O. BOX 1509. Mic Reason(s) for filing (Check proper bo					
	New Well					
	Recompletion					
	Change in Ownership					
	If change of ownership give name and address of previous owner					
H.	DESCRIPTION OF WELL AND					
	Lease Name					
	State A					
	1					

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
-	FILE		AND		
-	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	L. GAS	
ŀ	OIL				
- 1	TRANSPORTER GAS				
ŀ	OPERATOR				
1.	PRORATION OFFICE				
-	Operator			:	
	SHELL OIL COMPANY			:	
	Address				
	P. O. BOX 1509. A Reason(s) for filing (Check proper	idland, Texas	Other (Please explain)		
	New Well	Change in Transporter of:	To temporarily	commingle in battery	
	Recompletion	Oti Dry Ga			
	Change in Ownership	Casinghead Gas Conder	nsate		
	Y				
	If change of ownership give nan and address of previous owner	ie .			
II.	DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including F	ormation Kinc of L	ease Lease No.	
	Lease Maine	The same Alexandra	State, Fed	deral or Fee State 5-2354	
	State A Location	5 Vacuum Abo No			
	Unit Letter;;;	990 Feet From The North Lin	ne and <u>660</u> Feet Fr	om The East	
	A ,				
	Line of Section 31	Township 17-S Range 3	15-E , NMPM,	.ea County	
	_		. ~		
III.	Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Give address to which a	oproved copy of this form is to be sent)	
			P. O. Box 1510, Mid		
	Name of Authorized Transporter o	Pipe Line Co. f Casinghead Gas X or Dry Gas	Address (Give address to which a	oproved copy of this form is to be sent)	
	Phillips Petrole		Phillips Bldg, Odes	sa, TX 79760	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	give location of tanks.	A 31 17 35	Yes	5	
	If this production is commingle	d with that from any other lease or pool,	give commingling order number:	Application for commingling be submitted at a later dat	
IV.	COMPLETION DATA	Ofi Well Gas Well	New Well Workover Deepen		
	Designate Type of Comp				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Jan Spanis				
	Elevations (DF, RKB, RT, GR, et	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
		TUDDIC CACING AM	D CEMENTING BECORD		
		CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & FORMS 5.22			
			<u> </u>		
V.	TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be a	after recovery of total volume of load epth or be for full 24 hours)	oil and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tank		Producing Method (Flow, pump, go	as lift, etc.)	
	Date First New Oil Run 16 1dnk	Dute of 1991	, , , , , , ,		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Teat	55.5. Goldens,		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
vi	CERTIFICATE OF COMPL	IANCE	OIL CONSE	RVATION COMMISSION	
		hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		EP 5 1972	
	I hereby certify that the rules			Orig. Signal by	
	Commission have been compl			Vie D. Rangy	
	above is time and complete to the best of my many			Ille. I, Supr.	
			TITLE		
	1 411	7	This form is to be filed	in compliance with RULE 1104.	
	C. H. Joung	R.A. Halverson	If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation		
			tests taken on the well in accordance with RULE 111.		
	Product Acct. S	upvr. (Title)	All sections of this for able on new and recomplete	n must be filled out completely for allow-	
	1 -		Eill out only Sections	I II III and VI for changes of owner,	
	September 1, 1	972 (Date)	well name or number, or tran	sporter or other such change of conditions	
			Separate Forms C-104 completed wells.	must be filed for each pool in multiply	
			il combieted weiter		



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SEP 5 1972 OIL CONSERVATION COMM. HOBBS, N. M.