STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| MOT WHO MINIST | mes i | 15,71 | OUF |
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| ** ** ***** *** | •••• | | |
| DISTRIBUTION | | | |
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| U 1.0,8, | | | |
| LAND OFFICE | | | |
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| | DAA | | |
| CPERATOR | | | |

December 1, 1983

Effective January 1, 1984

(Dute)

OIL CONSERVATION DIVISION P. O. BOX 2088

| | s.a.s. | | | | | |
|--|---|---|--|---|--|--|
| | TRANSPORTER OIL REQUEST FOR ALLOWABLE | | | | | |
| • | AND CPENATION AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PAGNATION OFFICE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | |
| •• | Shell Western E&P, Inc. | | | | | |
| Address | | | | | | |
| | 200 North Da | airy Ashford, P.O. Box 99 | | | | |
| | New Well | Change in Transporter of: | Other (Please explain | | | |
| | Recompletion Change in Ownership X | 。 | Cos | | | |
| | | | densate | | | |
| | It change of ownership give name and address of previous owner | Shell Oil Company, P.O. | Box 991, Houston, Tex | as 77001 | | |
| II. | DESCRIPTION OF WELL ANI | D LEASE | | | | |
| | State H | Well No. Pool Name, Including 2 Vacuum Glorie | | Cadsa is | | |
| | Location | south | | ederal or Fee State | | |
| | Unit Letter L :/& | 00 Feet From The | Line andFeet | From The West | | |
| .] | Line of Section 29 T | Range 3 | 5E , nmpm, | <u>ea</u> Count | | |
| a. | DESIGNATION OF TRANSPO | RTER OF OIL AND NATURAL O | GAS . | | | |
| | Name of Authorized Transporter of C | or Condensate | Address (Give address to which | approved copy of this form is to be sent) | | |
| Mobil Pipeline Company Name of Authorized Transported of Castaghead Gas V or Dry Gas | | | P.O. Box 900, Dallas, Texas 75221 | | | |
| | Phillips Pipeline Com | | 4001 Penbrook St, | opposed copy of this form is to be sent) Odessa, Texas 79762 | | |
| | If well produces oil or liquide, give location of tanks. | No Change | Is gas octually connected? Yes | When | | |
| 1 | ! this production is commingled w | rith that from any other lease or pool | | NA NA | | |
| | COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepe | | | |
| | Designate Type of Complete | | | | | |
| | Oute Spaces | Date Compi. Ready to Prod. | Total Depth | P.B.T.D. | | |
| | Eisvations (DF, RKB, RT, GR, stc.) | Name of Producing Formation | Top OII/Gas Pay | Tubing Depth | | |
| | Perforațions | | Depth Casing Shoe | | | |
| ļ | TUBING, CASING, AND CEMENTING RECORD | | | | | |
| - | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | |
| Ė | | | | | | |
| Ē | | | | | | |
| _ ت تا | EST DATA AND REQUEST F | OP ALLOWANIE | <u> </u> | | | |
| | OIL WELL | able for this d | ofter recovery of total volume of load epth or be for full 24 hours) | oil and must be equal to or exceed top allo | | |
| | Cate First New Oll Run To Tanks | Date of Test | Producing Method (Flow, pump, go | is lift, etc.) | | |
| [| ength of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| 7 | Actual Prod. During Test | Cil-Bale. | Water-Bbls. | Gas-MCF | | |
| L | | <u> </u> | | | | |
| _ | AS WELL | | | | | |
| 1 | Litual Prod. Test-MCF/D | Length of Test | Bhis. Condensate/MMCF | Gravity of Condensate | | |
| - | eating Method (pilot, back pr.) | Tubing Pressure (Shnt-in) | Casing Pressure (Shut-in) | Choke Size | | |
| | ERTIFICATE OF COMPLIANC | | | | | |
| | | , <u>r</u> | OIL CONSERV | ATION DIVISION 8 19 84 | | |
| I I | hereby certify that the rules and r | egulations of the Oil Conservation | APPROVED | | | |
| 45 | Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | BY COLONAL SIGNED BY EDDIE SEAY | | | |
| | | La Daws | TITLE OIL & GAS INSPECTOR | | | |
| () X A N WW. | | | This form is to be filed in compliance with MULE 1104. | | | |
| _ | Signa (Signa | twy) | If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation | | | |
| | Attorney-in-Fact | | tests taken on the well in so | taken on the well in accordance with MULE 111. | | |
| | (Tie | (e) | All sections of this form must be filled out completely for allow | | | |

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections 1, 11, 111, 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 multiple completed wells.