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(Date)

Effective 1-1-65

IEW MEXICO OIL CONSERVATION COMMISSI Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 **AND** AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Shell Oil Company Address P. O. Box 1509, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: * Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease Lease No. State V 6 Vacuum (GB-SA) State, Federal or Fee State Location 990 South 890 East Feet From The Line and Unit Letter Feet From The 27 17S 35E Lea Line of Section Township Range , NMPM. III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS 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 Oil Texas New Mexico Pipe Line Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas Phillips Petroleum Rm. 717, Phillips Building, Odessa, Texas 76760 Is gas actually connected? 27 17S 3 5E P Yes give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Workover Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) X X X X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. 11-6-72 6300 5984 4-1-64 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Par Tubing Depth 3935 DF 4211 4613 Grayburg-San Andres Depth Casing Sh Perforations 4211-4336, 4429-4556 6300 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE SACKS CEMENT 11" 1682 800 7 7/8" 4 1/2" 6300° 700 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) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) 11-30-72 11-6-72 Pump Tubing Pressure Casing Pressure Choke Size 24 hrs Actual Prod. During Test Oil-Bbls. Water - Bble. Gas - MCF 135 160 182 **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 OIL CONSERVATION COMMISSION 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. This form is to be filed in compliance with RULE 1104. ~ d 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. (Signature) A. E. Cordray, Staff Engineer All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title) 12-4-72

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

Separate Forms C-104 must be filed for each pool in multiply

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