

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 <b>Shell Oil Company</b>	
Address <b>P. O. Box 1810, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>State C</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Vacuum Abo North</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No.
Location				
Unit Letter <b>P</b>	<b>795</b>	Feet From The <b>South</b>	Line and <b>795</b>	Feet From The <b>East</b>
Line of Section <b>24</b>	Township <b>17-S</b>	Range <b>34-E</b>	, NMPM, <b>Lea</b> 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"/> <b>Mobil Pipe Line Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 900, Dallas, Texas 75221</b>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Phillips Building, Odessa, Texas 79760</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>24</b>	Twp. <b>17-S</b>	Rge. <b>34-E</b>
				Is gas actually connected? <b>Yes</b>

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	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded <b>2-2-68</b>	Date Compl. Ready to Prod. <b>5-4-71</b>		Total Depth <b>10,200</b>			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.,) <b>4013' DF</b>	Name of Producing Formation <b>Abo</b>		Top Oil/Gas Pay <b>8503</b>			Casing Depth <b>8727</b>		
Perforations <b>8503, 8505, 8515, 8519, 8523, 8529, 8530, 8539, 8540, 8548, 8550, 8556,</b>						8558 Depth Casing Shoe <b>10,200</b>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
<b>17 1/2"</b>	<b>13 3/8"</b>		<b>353'</b>			<b>400 sx</b>		
<b>12 1/4"</b>	<b>9 5/8"</b>		<b>5016'</b>			<b>2400 sx</b>		
<b>8 3/4"</b>	<b>7" liner</b>		<b>4708' - 10,200'</b>			<b>1350 sx</b>		

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 <b>5-4-71</b>	Date of Test <b>5-5-71</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <b>173 BF</b>	Oil-Bbls. <b>155</b>	Water-Bbls. <b>18</b>	Gas-MCF <b>159.7</b>

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

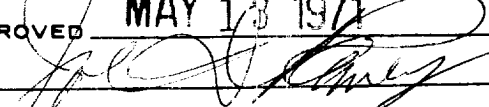
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
**S. G. Scott**  
(Signature)  
**Senior Operations Engineer**  
(Title)

**May 6, 1971**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAY 13 1971**, 19  
BY   
TITLE **SUPERVISOR DISTRICT**

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.

U.S. DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

RECEIVED

MAY - 7 1971

OIL CONSERVATION COMM.  
HOBBS, N. M.