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	GAS	
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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 checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 _____

Lease Name East Pearl Queen Unit		Well No. 59	Pool Name, Including Formation Pearl Queen	Kind of Lease State, Federal or Fee Fee	Lease No. -
Location					
Unit Letter H	2635	Feet From The south	Line and 1325	Feet From The east	
Line of Section 27	Township 19-S	Range 35-E	, NMPM, Lea		County

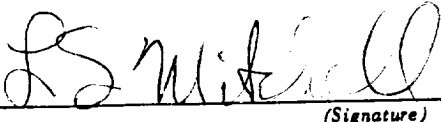
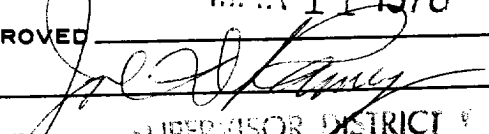
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Shell Pipe Line Corporation		P. O. Box 1910, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 27	Twp. 19-S	Rge. 35-E	Is gas actually connected? No	When -

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

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>
Date Spudded 1-19-70	Date Compl. Ready to Prod. 3-1-70	Total Depth 4882'		P.B.T.D. 4877'					
Elevations (DF, RKB, RT, GR, etc.) 3722 - DF	Name of Producing Formation Queen	Top Oil/Gas Pay 4701'		Tubing Depth 4874'					
Perforations 4701', 4702', 4703', 4704', 4705', 4706', 4865', 4866', 4867', 4868', 4869', 4870'.		Depth Casing Shoe 4882'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/4"	8-5/8"	405'		375 sx					
7-7/8"	5-1/2"	4882'		650 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 3-1-70	Date of Test 3-2-70	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 94	Oil-Bbls. 91	Water-Bbls. 3	Gas-MCF 5

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		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19 _____	
 L. S. Mitchell (Signature)		BY  SUPERVISOR DISTRICT	
Division Production Superintendent (Title)		This form is to be filed in compliance with RULE 1104.	
March 6, 1970 (Date)		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.	