NO OF CUPIES REC	٠ - ١٠	1	
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			

	D131111101111			1EM WEXICO OIL	CONSERVATION COMMISS.	Form C-104		
	SANTA FE			REQUEST	FOR ALLOWABLE	Supersedes Old (	C-104 and C-11	
FILE					AND	Effective 1-1-65		
	U.S.G.S.		┥	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
						RAL GAS		
	LAND OFFICE							
	TRANSPORTER	OIL						
	IRANSPURIER	GAS						
		<del></del>	$\dashv$					
	OPERATOR							
I.	PRORATION OF	FICE						
	Operator							
	Shell Oil C	ompany						
	Address							
	P. O. Box 1	509 - MId	land. Tex	as 79701				
	Reason(s) for filing				Other (Please explain	· · · · · · · · · · · · · · · · · · ·		
	1	<b>.</b>				in the property of the proper		
	New Well		Change	e in Transporter of:	227 3	4/2//12		
	Recompletion		Oil	Dry G	as	and filling the first for the first for the first filling the first fill for the first for the first fill for the first fill for the first fill fill for the fill for the fill fill fill fill fill for the fill fill fill fill fill fill fill fil		
	Change in Ownership		Casino	head Gas Conde	ensate	10 4 4970	l	
		<u></u>						
	16 aban of owners	tia aiva sama						
	If change of owners and address of prev			THIS MULL CAT GETS	ALACED IN THE POOL			
	and address of prev	rious owner	W 22					
					F YOU DO NOT CONCUR			
11.	<b>DESCRIPTION O</b>	F WELL AND		NOTIFY THIS OFFICE.			· · · · · · · · · · · · · · · · · · ·	
	Lease Name		Well N	lo. Pool Name, Including 1	4	f Lease	Lease No.	
	State K		1	Vacuum Abo No	meh K-4279 State,	Federal or Fee State		
				VACUUM ADO NO	7. 611	prare	····	
	Location							
	11-44 1 -44	.T . 19	980 Feet 1	From The <b>East</b> Li	ne and 1980 Feet	From The South		
	Unit Letter	·	reet	tom theE	ne did i eet	Tiom The Double		
	Line of Section	19 7	<b>Cownship</b>	17-S Range	35-E , NMPM,		County	
	<u></u>							
	D D G T G T T A M T G T T G	TO TO ANCHO	DEED OF O	T AND NATURAL C	AC			
111.				IL AND NATURAL G			B = ====1	
	Name of Authorized	Transporter of C	011 🙇 0	r Condensate 🗀	Address (Give daaress to which	approved copy of this form is to	de sent)	
		1 /M	1-1		P 0 Pare 000 De	11aa Towas 75991		
	Mobil Oil C Name of Authorized		uck)	or Dry Gas	P. O. Box 900 Dallas Texas 75221  Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized	I tansporter of C	Justingliedd Gus	U of Dry Gds	Address (Sive Maniess to which	approved copy of this form is to	DC 301)	
	<del></del>		Unit	Sec. Twp. P.ge.	Is gas actually connected?	When		
	If well produces oil		1			1		
	give location of tank	ks.	J	19 17-S 35-E	No			
					wiss comminglish and as asymbo	<b></b> ,		
			with that from	any other lease or pool	give commingling order number			
IV.	COMPLETION D	ATA		Tour Wall	[N-11] [W-1]	I Di Desk   Come Beat	. Diff. Restv.	
	n		.: (V)	Oil Well Gas Well	New Well Workover Dee	pen   Plug Back   Same Restv	. Dill. Res-v.	
	Designate Typ	pe of Complet	tion - (A)	! <b>X</b> !	X	! !	1	
	Date Spudded		Date Comp	l. Ready to Prod.	Total Depth	P.B.T.D.	· <del></del>	
	}			•	·			
	1-23-72		2 -2	0-72	8900	8870		
	Elevations (DF, RK)	B. RT. GR. etc.	Name of Pr	oducing Formation	Top Oil/Gas Pay	Tubing Depth		
	1	-,,,,	1	_	0676	8456		
	3994 DF		Ab	0	8676		<del></del>	
	Perforations					Depth Casing Shoe		
	8676-8720'							
					D CEMENTING RECORD			
	HOLE	SIZE	CASI	NG & TUBING SIZE	DEPTH SET	SACKS CEME	NT	
	12-1	1 /411		9-5/8"	1720	800 ex		
				5-1/2"		4650 ax		
	<u></u>	7/8"		2-1/2	8900	4030 BX	<del></del>	
			1		i			
			505 4770	WART CO.	after recovery of total volume of le	and all and must be sound to se an	and top allow	
V.	TEST DATA ANI	D REQUEST	FOR ALLO		after recovery of total volume of it lepth or be for full 24 hours)	and our and must be equal to or ex-	ceed top attom	
	OIL WELL					117		
	Date First New Oil	Run To Tanks	Date of Te	et	Producing Method (Flow, pump	gas lift, etc.)		
				0 01 70	Flowing			
	2-21-72		Tubing Pre	2-21-72	Casing Pressure	Choke Size		
	Length of Test		I uping Pie	, as m 4	Casing 1 tous = 0			
	24 hrs			150		24/64"		
	Actual Prod. During	Test	Oil-Bbls.		Water - Bbls.	Gas-MCF		
	Acted 1 tod, 5 dining	• • • • •	1	444		630		
				410	44	628		
	GAS WELL							
			Length of	Page	Bbls. Condensute/MMCF	Gravity of Condensate		
	Actual Prod. Test-	MCF/D	Length of	1 491	BBID! Condoniano, mino:			
	Testing Method (pit	ot. back pr.)	Tubing Pre	sawe (Shut-in )	Casing Pressure (Shut-in)	Choke Size		
	100.1114	. ,			_			
					<del></del>			
<b>17</b>	CERTIFICATE (	OF COMPLIA	NCE		OIL CONS	ERVATION COMMISSION		
¥ 1.	CERTIFICATE	of Comi Lin	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
						EB 28 19/2	9	
	I hereby certify the	at the rules an	d regulations	of the Oil Conservation	APPROVED			
	Commission have been complied with and that the information given			at the information given		All Co		
	above is true and	complete to t	the best of m	y knowledge and belief.	BY_//	/ TUN - 000	<del>-</del>	
		-			1 // ~~ 717771	VISOR DISTRICT	1	
					TITLE SUPER	VINAL DIRECTOR		
			1 -			•		
	100		hlln		This form is to be fill	ed in compliance with RULE	1104.	
	R.R.	Juli	ecc.		TE ANIA IS A SEGMENT TO	r allowable for a newly drilled	l or deepened	
	12 /				It is all from must be accompanied by a tabulation of the deviation			
(Signature)				tests taken on the well in accordance with RULE 111.				
	R R Small	e Product	tion Engl	mer	All meations of this f	orm must be filled out complet	ely for allow	
	A. A. OUCAL	R. R. Suckle, Production Engineer (Title)			All sections of this i	ted wells.	•	
		ľ	/		able on new and recompleted wells.  Fill out only Sections I, II, III, and VI for changes of owner			
					If Fill out only Section	IB T' IT' III' WHE AT TO! CHWIS	,	
	2-23-72		(Date)		well some or number or tr	ansporter, or other such change	of condition	

(Date)

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.

FLLC: ....

OLD BANGERSTON COMM. IN MODELS, N. M.