

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

I.

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"/>	GAS MUST NOT BE RELEASED AFTER 5/18/72 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State VB Com	Well No. 1	Pool Name, including Formation Vacuum Abo North	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter B ; 660 Feet From The North Line and 2130 Feet From The East Line of Section 19 Township 17S Range 35E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Corp. (Truck)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 633 - 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 B	Sec. 19
	Twp. 17S	Rge. 35E
	Is gas actually connected?	When
	No	

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 2-18-72	Date Compl. Ready to Prod. 3-18-72		Total Depth 8975		P.B.T.D. 8938			
Elevations (DF, RKB, RT, GR, etc.) 3994 DF	Name of Producing Formation Abo		Top Oil/Gas Pay 8678		Tubing Depth 8510			
Perforations 8678-8728					Depth Casing Shoe 8975			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 9-5/8"		DEPTH SET 1722'		SACKS CEMENT 1000 ex			
7-7/8"	5-1/2"		8975'		5465 ex			

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 3-18-72	Date of Test 3-19-72	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 150	Casing Pressure	Choke Size 35/64"
Actual Prod. During Test	Oil - Bbls. 457	Water - Bbls. 20	Gas - MCF 720

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.

R. R. Suckle
(Signature)
R. R. Suckle - Production Engineer
(Title)
3-21-72
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 22 1972, 19
BY John W. Runyan
TITLE Geologist

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.

12/10/65

RECEIVED

MAR 22 1972

CONSERVATION COMM.
RODS, N. M.