

DISTRIBUTION	
SALE AREA	
FILE	
REG. NO.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-184
Superseding Old O-104 and O-
Effective 1-1-65

Operator Shell Oil Corporation
Address P O Box 670, Hobbs, NM 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Other (Please explain) Change Lease Name and Well Number effective 2-1-85
Lease White (NBT-A) No 3
If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Unit</u>	Well No. <u>109</u>	Well Name, including Formation <u>Esmeralda Monument</u>	Kind of Lease <u>Fee</u>	Lease No. _____
Location <u>Esmeralda Monument</u>	Unit Letter <u>H</u>	Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>25</u> Township <u>20-S</u> Range <u>36-E</u> N.M.P.M., <u>Lea</u> County		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Shell Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1910, Midland, TX 79702</u>
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐ <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Pexbrook, Odessa, TX 79761</u>
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>25</u> Twp. <u>20S</u> Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u> When <u>Unknown</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut-in	Partial	Resty
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.D.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of land 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

RQ Pate
(Signature)
AREA ENGINEER
(Title)
1-16-85
(Date)

OIL CONSERVATION COMMISSION
MAR 15 1985

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow-
able 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.

RECEIVED
FEB - 4 1985
O.C.D.
HOSPICE OFFICE