

DESCRIPTION	
SALE AREA	
TITLE	
ADDRESS	
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 C-1002
Superseding Old C-101 and C-
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 ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) So change Lease Name & shall be effective 10-1-84
Q-4 Junda NCT-F No. 5
If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name North Seven Well No. 5 Pool Name, including Formation Smith Creek Kind of Lease State Federal or Fee State Lease No. 8-229-1
Location Reivers Queen
Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West
Line of Section 4 Township 22-S Range 36-E , NMPU, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79706
If well produces oil or liquids, give location of tanks. Unit G Sec. 34 Twp. 21S R. 36E Is gas actually connected? Yes When 7-20-62

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	Same Realy. Diff. Realy.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.		
Elevations (D.F., RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing 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
Acroft 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 here is true and complete to the best of my knowledge and belief.

RDP
(Signature)
AREA ENGINEER
(Title)
9-24-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 26 1984, 19____
BY CHIEF OF AREA OF LAND OIL
OFFICE OF OIL CONSERVATION
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 deviation logs taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and re-completed wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transportation, or other such changes of well.