

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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-100
Supersedes Old C-100 and C-
Effective 1-1-65

Operator Shell Oil Corporation
Address P.O. Box 670, Hobbs, N.M. 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) To change Lease Name & Well No. effective 10-1-84
Q-4 Junda NCT-F No. 10
(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE
Lease Name North Seven Well No. 8 Pool Name, including Formation Smith Center Kind of Lease State Federal or Fee 8-229-1
Location Reivers Queen Interests
Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West
Line of Section 4 Township 22S Range 36E , N.M.P.M. 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 79746
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Range Is gas actually connected? When
K 4 22S 36E Yes Unknown

(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 ☐ Stime Res'tv. ☐ Plif. Res. ☐
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 lead 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/MMCF _____ Gravity of Condensate _____
Testing Method (pilot, 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.
R.D. Prite
(Signature)
AREA ENGINEER
(Title)
9-24-84
(Date)
OIL CONSERVATION COMMISSION
SEP 26 1984
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY MORTON
DISTRICT 1 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 logs taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for wells able or new and recompleted wells.
Fill out only Sections I, II, III, and VI for change well name or number, or transporter, or other such change.