NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE	1	ONSERVATION COMMISSIC	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS	
Operator Shell Oil Compar	ly		
Address P. O. Box 576, 1			
Reason(s) for filing (Check proper bo:		Other (Please explain)	
New Well Recompletion X	Change in Transporter of: Oil X Dry Gas	Filed to correct t	ransporter shown
Change in Ownership	Casinghead Gas Condens		m C-104 dated 4-22-74
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	Vell No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.
Lease Name State J	5 Eunice-Mont		
Location / T 1	730 South	(GSA) 2055 Feet From The	East
	730 Feet From The South Line	37F I 03	
Line of Section 32 To	ownship 205 Range	J/L , NMPM, LEA	County
Name of Authorized Transporter of O		Address (Give address to which approved	
Shell Pipeline Name of Authorized Transporter of C		P.O. Box 1910, Midland, T Address (Give address to which approved	copy of this form is to be sent)
Phillips Petrol	eum	Room 717, Phillips Bldg., Odessa, Tx 79760	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege. J 32 20S 37E	Yes	3/1/74
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	58-S-81
Designate Type of Complet	ion - (X)	New Well Workover Deepen P	lug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth P	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) 3538 DF	Name of Producing Formation	Top Oil/Gas Pay T	4200 Tubing Depth 4113
Perforations)epth Casing Shoe
3827-3832	TUBING, CASING, AND	CEMENTING RECORD	6323
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u> </u>			600
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a,	fter recovery of total volume of load oil and pth or be for full 24 hours)	I must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, o	etc.)
2/20/74 Length of Test	Tubing Pressure	Casing Pressure (Choke Size
24 hr.		Water-Bbls.	Gas - MCF
Actual Pred, During Test	Oll-Bbls.	Water-DDIS.	26
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
/I. CERTIFICATE OF COMPLIA	NCE		ION COMMISSION
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.		APPROVED	, 19
above is inte and complete to	······································	TITLE	
AZ Cath	H. Peterson, Jr.	This form is to be filed in con	mpliance with RULS 1104. ble for a newly drilled or deepene
Section Supervisor	notwe) - Oil Accounting	well, this form must be accompani- tests taken on the well in accords	ed by a tabulation of the deviation ance with RULE 111.
	Title)	able on new and recompleted well	
May 22, 1974	(Date)	well name or number, or transporter	III, and VI for changes of owner ; or other such change of condition be filed for each pool in multipl