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	GAS	
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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

Operator <b>Shell Oil Company</b>	
Address <b>P. O. Box 576, Houston, Tx. 77001</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Filed to correct transporter shown incorrectly on Form C-104 dated 3-5-74
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" 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 \_\_\_\_\_

Lease Name <b>State J</b>		Well No. <b>5</b>	Pool Name, including Formation <b>Eunice-Monument</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No.
Location					
Unit Letter <b>J</b>	<b>1730</b>	Feet From The <b>South</b>	Line and <b>2055</b>	Feet From The <b>East</b>	
Line of Section <b>32</b>	Township <b>20S</b>	Range <b>37E</b>	NMPM, <b>Lea</b>		County

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
<b>Phillips Petroleum</b>		<b>Room 717, Phillips Bldg., Odessa, Tx. 79760</b>				
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)				
<b>Phillips Petroleum</b>		<b>Room 717, Phillips Bldg., Odessa, Tx. 79760</b>				
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>32</b>	Twp. <b>20S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When <b>3/1/74</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **58-S-81**

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input checked="" type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
	<b>2-20-74</b>	<b>6330</b>		<b>4200</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
<b>3538 DF</b>	<b>Grayburg</b>	<b>3827</b>		<b>4113</b>					
Perforations		Depth Casing Shoe							
<b>3827-3832</b>									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
<b>9 5/8"</b>	<b>7 5/8"</b>		<b>231</b>		<b>180</b>				
<b>6 3/4"</b>	<b>4 1/2"</b>		<b>6323</b>		<b>600</b>				

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)

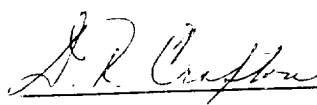
Date First New Oil Run To Tanks <b>2/20/74</b>	Date of Test <b>3/2/74</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pump</b>	
Length of Test <b>24 hr.</b>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. <b>25</b>	Water-Bbls. <b>232</b>	Gas-MCF <b>26</b>

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.

  
(Signature)

**Section Supervisor - Oil Accounting**  
(Title)

**4/15/74**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 15 1974**, 19

BY

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 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.