

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator

Shell Oil Company (Western Division)

Address **P. O. Box 1509, Midland, Texas 79701**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: **Field designation: from undesignated to**

Recompletion ☐ Oil ☐ Dry Gas ☒ **Grams Ridge-Morrow Gas as per NMCC**

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ **Order R-3006, dated 12-3-65.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
GR. Federal	1	Grams Ridge-Morrow Gas	State, Federal or Fee Federal

Location

Unit Letter **F** ; **2310** Feet From The **north** Line and **2310** Feet From The **west**

Line of Section **4** , Township **22S** Range **34E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
McWood Corporation (Trucks)	2003 Wilco Building, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	Room B-2, Phillips Building, Odessa, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	4	22S	34E	Yes	February 8, 1966

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
December 9, 1964	June 1, 1965	14,870'	13,500'

Pool	Name of Producing Formation	Top of Gas Pay	Tubing Depth
Grams Ridge-Morrow Gas	Morrow	12,886'	2 1/2" @ 12,737'

Perforations **12,886'-12,892', 12,894'-12,903', 13,093'-13,111'**

Depth Casing Shoe **14,870'**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	330'	400
13 3/4"	10 3/4"	5711'	1000
9 5/8"	7 5/8"	11,895'	500
6 3/8"	3 1/2" 11 per	13,839' - 14,199'	305
4 3/4"	3 1/2" 11 per	13,839' - 14,870'	100

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	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
4.9 MMCF/D	24 hrs.	8	47° API
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pressure	4724	-	9/64"

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.

K. W. Lagrone
(Signature)
Division Production Superintendent
(Title)
February 10, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 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 Sections I, II, III, and VI only 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.

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