

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

NO. OF COPIES RECEIVED _____
DISTRIBUTION _____
SANTA FE _____
FILE _____
U.S.G.S. _____
LAND OFFICE _____
TRANSPORTER _____ OIL _____
GAS _____
OPERATOR _____
PRORATION OFFICE _____

Shell Oil Company
Address
P. O. Box 1858, Roswell, New Mexico 88201
Reasons for filing (check proper box) _____ Other (Please explain) _____
New Well _____ Change in Transporter in _____
Transportation _____ Oil _____ Dry Gas _____ **Testing and Completing Well**
Change in ownership _____ Gasoline or Lubes _____ Condensate _____
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease
GR Federal 4	1	Wildcat - Pennsylvanian	State, Federal or Fee Federal
Location			
Map Letter F	2310	Feet From The north Line and 2310	Feet From The west
Line of Section 4	Township 22-S	Range 34-E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil _____ or Condensate xxx	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation (Trucks)	P. O. Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas _____ or Dry Gas _____	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When	
F 4 22-S 34-E	

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		Production			
Pool	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			

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)

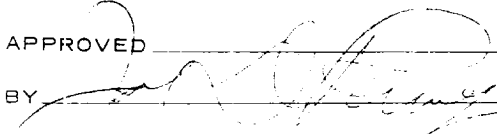
Date First Flow - Oil Into Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF	Length of Test	Bbls. Condensate-MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

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.

Original Signed By
N. L. Tomberlin
(Signature)
Acting Division Production Superintendent
(Title)
May 17, 1965
(Date)