

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. PRODUCTION OFFICE	
City/State	
Company	Shell Western E&P, Inc.
Address	200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001
Reason(s) for filing (Check proper box)	
New Well	☐
Recompletion	☐
Change in Ownership	☒
Change in Transporter of:	
Oil	☐
Condensate	☐
Dry Gas	☐
Other (Please explain)	

If change of ownership give name and address of previous owner: Shell Oil Company, P.O. Box 991, Houston, Texas 77001

II. DESCRIPTION OF WELL AND LEASE

Lease Name	State	C	Well No.	Y002	Pool Name, Including Formation	Eumont Yates 7 Rivers Queen	Kind of Lease	State, Federal or Fee	State	Lease No.
Location	Unit Letter	H	: 2310	Feet From The	North	Line and	990	Feet From The	East	
Line of Section	24	T. 21S	Range	35E	Lea					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corporation	P.O. Box 1910, Midland, Texas 79702
Name of Authorized Transporter of Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips Pipeline Company	4001 Penbrook St., Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit: No Change
Is gas actually connected?	Yes
When	NA

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Drill Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.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					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)

Attorney-in-Fact

(Title)

December 1, 1983 Effective January 1, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED

JAN 31 1984

BY

ORIGINAL SIGNED BY MARY SEXTON
DISTRICT 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 deepens well, this form must be accompanied by a tabulation of the deviate 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 multiple completed wells.