

SALE AREA	
FILE	
ADDRESS	
LAND OFFICE	
TRANSPORTER	OIL GAS
OFFICIAL	
REGISTRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes O-103 and O-
105 (Rev. 1-1-65)

Well Name Shell Oil Corporation
Address P.O. Box 670, Hobbs, NM 88240
Reason(s) for filing (check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain) Change Lease Name and
Shell Oil Corporation effective 2-1-85
Bell-Ramsay (NCT-A) No. 6
If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
Well Name Curice Monument Well No. 241 Section 24 Township 21-S Range 36-E N.M.P.M. Lia County
Location Unit T : 1980 Feet From The South Line and 660 Feet From The West
Line of Section 4 Township 21-S Range 36-E N.M.P.M. Lia County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline Company Address (Give address to which approved copy of this form is to be sent)
Box 1910 Midland TX 79701
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent)
4001 Westbrook Odessa TX 79761
If well produces oil or liquids, give location of tanks. Unit M Sec. 4 Twp. 21S Rge. 36E Is gas actually connected? Yes When Unknown

If this production is commingled with that from any other lease or pool, give commingling order number: _____
COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug back ☐ Same as last time ☐ Drill, Re-drill
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.O.T.D. _____
Deviation (OF, RSD, 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 _____
_____ _____ _____ _____
_____ _____ _____ _____

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of lost 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 (shut-in) _____ Casing Pressure (shut-in) _____ Choke Size _____

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.
RDPritie
(Signature)
AREA ENGINEER
(Title)
1-21-85
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 15 1985, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR
This form is to be filed in compliance with RULE 1104.
If this be a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the viscosity 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 reworked wells.
Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter, or other work change of condition.

C.C.D.

RECEIVED

FEB - 4 1985

C.C.D.
HOBBS OFFICE