

DISTRIBUTION	
LAND AREA	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

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

Form O-104
Supersedes OIL C-101 and C-
Effective 1-1-65

Operator Shell Oil Corporation
Address P.O. Box 670, Hobbs, NM 88240
Person(s) for filing (Check proper box)
New Well ☐ Change In Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Change Lease Name and Well Number effective 2-1-85
Bell-Ramsay (NCT-A) No. 10
If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
Lease Name Unit Well No. 183 Pool Name, including Formation Eunice Monument Kind of Lease State, Federal or Fee Lease No. B-250
Location 660
Unit Letter D to 4 Feet From The North Line and 660 Feet From The West Line of Section 4 Township 21-2 Range 36-E N.M.P.M. Lea County _____

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipe Line 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 Pembroke, Odessa TX 79761
If well produces oil or liquids, give location of tanks. Unit M Sec. 4 Twp. 21S Rng. 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	Shut-in	Full Rest
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.O.T.D.			
Elevations (OF, RSB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing 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/MMCF	Gravity of Condensate
Testing Method (flow, 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.

RDP Rite
(Signature)

AREA ENGINEER
(Title)

1-21-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1985, 19____

BY ORIGINAL SIGNED
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 deepened well, this form must be accompanied by a tabulation of the electric 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 change of owner, well name or number, or transporter, or other such change of condition.

RECEIVED

FEB - 4 1985

O.C.D.
HOBBS OFFICE