

DISTRIBUTION	
SALE AREA	
TITLE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supersedes OIL C-101 and C-
Effective 1-1-85

Operator Shell Oil Corporation
Address P O Box 670, Hobbs, NM 88240
Reason(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
Graham State (NCT-E) No. 1
If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
Lease Name Cenice Monument Well No. 252 Pool Name, including Formation Cenice Monument Kind of Lease State, Federal or Free Lease No. _____
Location
Unit Letter W : 660 Feet From The South Line and 1980 Feet From The East
Line of Section 6 Township 21-S Range 36 E , NMPM, 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 ☐
Shawmut Petroleum Company Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa OK 74100
If well produces oil or liquids, give location of tanks. Unit W Soc. 6 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 ☐ Sore Heals ☐ Plug Heals
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.D.T.D. _____
Elevations (DP, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Testing Depth _____
Perforations _____ Depth Casing Shoe _____

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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/MMCF _____ Gravity of Condensate _____
Testing Method (flow, back pr.) _____ Tubing Pressure (4800-in) _____ Casing Pressure (4800-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.

R D Pite
(Signature)
AREA ENGINEER
(Title)
1-17-85
(Date)

OIL CONSERVATION COMMISSION
MAR 15 1985
APPROVED _____, 19____
BY ORIGINAL SIGNED BY WENDY SEXTON
DISTRICT I 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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowance 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 conditions.

RECEIVED

FEB - 4 1985

O.C.D.
HOSES OFFICE