

DISTRICT OFFICE			
SANTA FE			
FILE			
U.S.G.S.			
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 old C-104 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: Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☐ Castinghead Gas ☐
Other (Please explain) Change Lease Name and Well Number effective 2-1-65
H. T. Orcutt (NCT-A) No. 6
(Change of ownership give name and address of previous owner _____)

DESCRIPTION OF WELL AND LEASE

Lease Name Cenice Monument Well No. 222 Pool Name, including Formation Cenice Monument Kind of Lease State, Federal or Fee Lease No. B-244-1
Location 0 3300 Feet From The South Line and 1980 Feet From The East Line
Line of Section 6 Township 21-S 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 ☐ Address (Give address to which approved copy of this form is to be sent) Box 1910 Midland TX 79701
Name of Authorized Transporter of Castinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) 4001 Denbrook Odessa TX 79761
If well produces oil or liquids, give location of tanks. Unit M Soc. 5 Typ. 215 Reg. 36E Is gas actually connected? 2/65 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 hole, Unit, Rekey
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.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

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 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 (flow, back pr.)	Tubing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	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)
1-16-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 15 1965, 19

BY ORIGINAL SIGNED BY JERRY BERTON
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 pressure 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 conditions.

RECEIVED

FFB - 4 1985

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION