

REGISTRATION	
LAND OFFICE	
FILE	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

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

Form O-104
Superseded by O-104 and O-105
Effective 4-1-65

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: Oil ☐ Dry Gas ☐
Recompletion ☐ Gashead Gas ☐ Condensate ☐
Change in Ownership ☒ (If change of ownership, give name and address of previous owner Eppon)
Owner (if lease expired) Change Lease Name and Number effective 2-1-85
John O Krop P. 4

DESCRIPTION OF WELL AND LEASE
Lease Name Unit Well No. 275 Pool Name, including Formation Cenice Monument Kind of Lease State, Federal or Fee Lease No.
Location Cenice Monument
Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line of Section 10 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 79702
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☐ 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 H Sec. 10 Twp. 21-S Rge. 36-E 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 Sand Seal Plug Back
Date Spudded Date Compl. Ready to Prod. Total Depth P.D.T.D.
Elevations (D.F., R.N.B., K.T., G.R., 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 (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 (Flow, Back pr.) Testing Pressure (lb/in²) Casing Pressure (lb/in²) 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. Pate
(Signature)
AREA ENGINEER
(Title)
1-29-85
(Date)
OIL CONSERVATION COMMISSION
APPROVED MAR 15 1985, 19
BY ORIGINAL SIGNED BY LARRY SEBASTON
TITLE DISTRICT SUPERVISOR
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 allow- able 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.

RECEIVED

FEB - 4 1985

O.C.D.
HOUSE OFFICE