

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

Form O-104
Supersedes Old O-104 and O-
Effective 1-1-65

DEPARTMENT	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	☐ OIL ☐ GAS
OPERATOR	
PRODUCTION OFFICE	

Shuf Oil Corp.

P.O. Box 670 Hobbs NM 88240

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Completion	☐	Oil	☒
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	South	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Eunice Monument Unit 272			Eunice Monument	State, Federal or Free B-230	

Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West

Line of Section 11 Township 21S Range 36E N.M.P. Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designation of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	Box 3119 Midland, TX 79701
Designation of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	4001 Parkview, Odessa, TX 79761
Well produces oil or liquids, and location of tanks.	Is gas actually connected? When
Unit D Sec. 11 Twp. 21S Rge. 36E	Yes Unknown

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	Pick Lead	Shut In	Prod. Test
Spudded	Date Compl. Ready to Prod.	Total Depth	P.R.T.D.					
Deviation (DF, RND, 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

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

AS WELL,

Steel Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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.

R.D. Pate
(Signature)
AREA ENGINEER
(Title)
5-23-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable to be considered.
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.

DEPARTMENT	
SECTION	
FILE	
RECORDS	
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 oil ☐ Other (Please explain) Change Lease Name and
Recompletion ☐ Oil ☐ Dry Gas ☐ Well Number effective 2-1-85
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ RR Bell (NCT-E) No. 2
If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
Well Name Cenice Monument Well No. 272 Well Name, including Formation Cenice Monument Kind of Lease State, Federal or Fee Lease No. B-230
Location C 660 North Line and 1980 Feet From The West
Line of Section 11 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) Shell Pipe Line Company Box 1910 Midland Tx 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent) Phillips Petroleum Company 4001 Parkbrook Odessa Tx 79761
If well produces oil or liquids, give location of tanks. Unit D Sec. 11 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)
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.S.F.D. _____
Elevations (D.F., A.A.D., R.T., C.R., etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Facing 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 land oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Days 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

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spot, back pr.)	Tubing Pressure (4842-in)	Casing Pressure (4842-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. Pitzer
(Signature)
AREA ENGINEER
(Title)
1-21-85
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 15 1985, 19 ____
BY _____
TITLE ORIGINAL SIGNED BY JERRY SEDGON
DISTRICT SUPERVISOR
This form is to be filed in compliance with RULE 1104.
If this is a permit for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 re-completed 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.
HOBBS OFFICE