

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

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

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
W Collins No. 3
(Change of ownership give name and address of previous owner _____)

DESCRIPTION OF WELL AND LEASE
Lease Name Cenice Monument South Well No. 391 Pool Name, including Formation Cenice Monument Kind of Lease Lease Lease No. _____
Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East
Line of Section 14 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 ☐
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 Genesee Odessa TX 79761
If well produces oil or liquids, give location of tanks. Unit G Soc. 14 Twp. 21S Sec. 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	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.			
Elevations (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 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		Gravity of Condensate	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	
Testing Method (pilot, 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 here 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 ORIGINAL SIGNED BY JERRY SEXTON
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 deviate logs taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of identity.

RECEIVED

FFB - 41985

O.C.D.
HOBBS OFFICE