

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

Form C-104
Supersedes Old C-101 and C-
Effective 1-1-65

DISTRICT	
COUNTY	
CITY	
STATE	
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 oil ☐ Other (Please explain) Change Lease Name and
Recompletion ☐ Oil ☐ Dry Gas ☐ Well Number effective 2-1-85
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ Arrest Ramsay (NCTC) No. 13
(Change of ownership give name and address of previous owner)

DESCRIPTION OF WELL AND LEASE

Lease Name Cenise Monument Well No. 442 Pool Name, Including Formation Cenise Monument Kind of Lease State, Federal or Fee Lease No. B-229
Location Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line of Section 21 Township 21-S Range 36-E, N.M.P.M., Dea Co.

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 79701
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 Genbrook Odessa TX 79761
If well produces oil or liquids, give location of tanks. Unit F Sec. 21 Twp. 21-S Range 36-E Is gas actually connected? 7/8 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 Res'n.	Diff. Res'n.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.D.T.D.					
Elevations (T.F., R.R., RT., GR., 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 test 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 (Bbls-in)	Casing Pressure (Bbls-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.

RDPite
(Signature)

AREA ENGINEER
(Title)

1-21-85
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 14 1985, 19

BY ORIGINAL SIGNED BY JEFFY SEXTON
TITLE DISTRICT I 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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of pump well name or number, or transporter, or other such change of ability.

RECEIVED

SEP - 4 1985

OSD
CHIEF OF STAFF