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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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-110
Effective 1-1-65

PURSUANT TO THE POOL RULES THIS AUTHORITY TO PRODUCE AND SELL OIL FROM THIS WELL WILL AUTOMATICALLY EXPIRE UNLESS A CASINGHEAD GAS CONNECTION OR AN AUTHORIZED EXCEPTION TO THE NO-FLARE RULE HAS BEEN OBTAINED BY:

I.

Operator C. E. Long	
Address Box 1578, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Recompletion from 7 Rivers and Queen production (South Eunice) to Yates and 7 Rivers production (Jalmat ?)
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell-State	Well No. 1	Pool Name, including Formation Jalmat	Kind of Lease State, Federal or Fee State	Lease No. B 01167
Location				
Unit Letter N ; 660 Feet From The South Line and 2310 Feet From The West				
Line of Section 32 Township 21-South Range 36-East , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipe Line Corporation	Box 2648, Houston, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None	---					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	32	21-S	36-E	No	---

If this production is commingled with that from any other lease or pool, give commingling order number: **---**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded workover began 11/30/68	Date Compl. Ready to Prod. 12/23/68		Total Depth 3905'		P.B.T.D. 3790'			
Elevations (DF, RKB, RT, GR, etc.) 3613' Ground	Name of Producing Formation Yates & 7 Rivers		Top Oil/Gas Pay 3248'		Tubing Depth 3254'			
Perforations 3268-3693'					Depth Casing Shoe 3900'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 7/8"		300'		150			
7 7/8"	5 1/2"		3900'		550			
	2 3/8"		3254'					

V. 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 12/6/68	Date of Test 12/26/68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 520#	Casing Pressure 0# (packer set)	Choke Size 29/64"
Actual Prod. During Test 32 barrels of oil	Oil-Bbls. 32	Water-Bbls. -0-	Gas-MCF 37.3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.



Owner-operator

(Signature)

(Title)

1/5/69

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.