NO. OF COPIES RECEIVED	IEW MEXICO OIL CO		Form C -104		
SANTA FE	REQUEST I	OR ALLOWABLE	Superaeder Old C-104 and C-110 Elloctivo 1-1-65		
FILE U.S.G.S.	AUTHORIZATION TO TRAI	AND NSPORT OIL AND NATURAL GA	AS		
LAND OFFICE		-			
TRANSPORTER OIL GAS					
OPERATOR PRORATION OFFICE					
Shell Oil Company					
P.O. Box 1509, Midland,	TX 79702				
Reason(s) for filing (Check proper box,	·	Other (Please explain)			
New Well Recompletion	Change in Transporter of: Oil Dry Gas				
Change in Ownership	Casinghead Gas Condens	sate			
If change of ownership give name and address of previous owner		· · ·			
I. DESCRIPTION OF WELL AND	LEASE Well No.; Pool Name, Including Fo	traction Kind of Lease	Leane Mc.		
Lease Name State Section 2	3 Hare	State, Federal	or Fee State		
Location					
Unit Letter U; 66	0 Feet From The South Line	and 660 Feet From T	he West		
Line of Section 2 To	mship 21S Range	37Е , ММРМ, Lea	County		
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which approve	ed copy of this form is to be sent)		
Shell Pipe Line Corpora	ation	P.O. Box 1910, Midland, Address (Give address to which approve	TX 79702 ed copy of this form is to be sent)		
Name of Authorized Transporter of Ca	singhead Gas 🐴 or Dry Gas 🗔	P.O. Box 1137. Eunice.			
Getty Oil Company If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	n		
give location of tanks.	V 2 21S 37E	<u> </u>	-24-74		
If this production is commingled wi V. COMPLETION DATA	th that from any other lease or pool, i		Divg Back Same Restv. Diff. Restv.		
Designate Type of Completi		New Well Workover Deepen			
Date Spudded	Date Compl. Ready to Prod.	Total Dopth	P.B.T.D.		
	2-16-78	7906 Top 0:1/Gas Pay	Tubing Depth		
Elovations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	7682'	6840		
3467' DF Perforations	МсКее		Depth Casing Shoe		
7682-7707'		CEMENTING RECORD	7852		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
ROLL SIZE	13 3/8"	225'	250		
	8 5/8" 5 1/2"	<u>3152'</u> 7852'	<u>1950</u> 825		
	5 1/2	1052			
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fier recovery of total volums of load oil o pth or be for full 24 hours)	and must be equal to or exceed top allow		
OIL WELL Dute First New Oil Run To Tanks	Date of Test	Preducing Method (Flow, pump, gas lif	i, etc.)		
2-28-78	6-14-78	Pump Casing Pressure	Chcke Size		
Length of Test 24 hrs.	Tubing Pressure 40				
Actual Prod. During Tool	Oil-Bblo.	Water-Bbis.	Gas - MCF		
	6	9	57		
GAS WELL			Gravity of Condensate		
Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF			
Testing Mathad (pitot, back pr.)	Tubing Prossure (Shuu-iu)	Casing Pressure (Shut-in)	Choke Size		
	ICE	OIL CONSERVA	TION		
		APPROVED			
I hereby cortify 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.		Lessing Centron			
above is true and complete to th	e nest of my knowledge and petter.	BY	/,		
		TITLE DEFINITION	Law Link C		
Cil an	J. E. Sullivan	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly diffied or despenses			
- fo fullit	J. E. Sullivan	If this is a request for anowhile for a holistion of the deviation well, this form must be accompanied by a tubulation of the deviation tests taken on the well in accordance with NULE 111.			
Senior Engineering Tech		All sections of this form must be filled out completely for show eble on new and recompleted vialls.			
(1	iile)				
7-17-78	Jatej	Fill out only Sections 1, 10, 10, she with thange of condition well neme or number, or transporter, or other such thange of condition			

REF.ENEU

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CULI 8 1978 CULT STATION COMM. 11.233, N. 16

IF AASPORT E A One in the second		DISTRIBUTION SANTA FF. FILE U.S.G.S. LAND OFFICE	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-105 and C-110 Effective 1-1-65		
Falls Rescalping End and the second sec		IRANSPORTER OIL GAS OPERATOR PROBATION OFFICE					
P.O. Box 1500 - Millind. TX. 70202 Breach 16 Milling (2xx4 proved bar) Breach 16 Milling (2xx4 proved bar) <							
[Extreme] Construction Enterprise Enterprise </td <td></td> <td>P.O. Box 1509, Midland, Reason(s) for filing (Check proper box) New Well</td> <td>Change in Transporter of:</td> <td></td> <td>e explain)</td> <td></td>		P.O. Box 1509, Midland, Reason(s) for filing (Check proper box) New Well	Change in Transporter of:		e explain)		
and address of previous openation Note Section 2 Note Section 2 </td <td>L</td> <td>Change in Ownership</td> <td>Casinghead Gas Condens</td> <td>sate</td> <td></td> <td></td>	L	Change in Ownership	Casinghead Gas Condens	sate			
1. DESCRIPTION OF NELLAND LEASE Intel Notes State Section 2 3 Branson Brans Frederal or Free State Lower Harmon State Section 2 3 Branson Branson Branson Branson Branson Branson Lower Harmon Branson	l	change of ownership give name nd address of previous owner					
Lines Non- Pail Non- During National Nationa			EASE		Kind of Loose		
Letter U 660 Feet From The South Line and 660 Feet From The West Line of Section 2 Township 215 Resp. 37E . Nutled_ Log County 10 Designation Oper TeassPort Top OP OL AND NATURAL GAS If and Counted Transports of On Corport Top OP OL AND NATURAL GAS Designation Oper CatassPort P.O. East Oper address for which approved copy of this form is to be reall Mean of Audorited Transports Township Township Township P.O. East Oper address for which approved copy of this form is to be reall Mean of Audorited Transports Township Township P.O. East Oper address for which approved copy of this form is to be reall Mean of Audorited Transports Township Township P.O. East Oper address for which approved copy of this form is to be reall Mean of Audorited Transports Township P.O. East Oper address for which approved copy of this form is to be reall Mean of Audorited Transports Township Township P.O. East Oper address for which approved copy of this form is to be reall Mean of Audorited Transports Township Township P.O. East Oper address for which approved copy of this form is to be reall Mean of Audorited Transports Township <td></td> <td>Lease Name</td> <td>Well No. Pool Nume, increasing ro</td> <td>Imation</td> <td></td> <td></td>		Lease Name	Well No. Pool Nume, increasing ro	Imation			
Unit Littler 2 Township 215 newsy 37E , Nutrick Let al Section 2 Township 215 newsy 37E , Nutrick Let al Section 2 Township 215 newsy 37E , Nutrick Let al Conney 1 DesignArtION OF TERASPORTER OF OUL AND NATURAL GAS P.O. Social Automated Transported Contingents P.O. Social Control of Contro	╞	Location		•			
Line of Section 2 Toronality 245 Provide 3/2 Location 1. DESTINATION OF TRANSPORTER OP OIL AND MATURAL GAS Address (Gue address to malical approved corp of this form is to be sensity None of Administed Transporter (Composition) P.O. Box 1910, Middland, Two of You of the sensity None of Administed Transporter (Composition) P.O. Box 1910, Middland, Two of You of the sensity None of Administed Transporter (Composition) P.O. Box 1910, Middland approved corp of the sensity None of Administed Transporter (Composition) P.O. Box 1910, Middland approved corp of the sensity None of Administed Transporter (Composition) Total composition (Composition) Address (Gue address to malified opposition) It all production is commingled with that from any other lease or pool, give commanding tign order number (Composition) Yes P.O. Box 1137 Designate Type of Completion - (X) Yes Total Dopyth Total Dopyth P.In.T.D. Designate Type of Completion - (X) Yes P.O. Box 110 Water of Main Dopyth P.In.T.D. Designate Type of Completion - (X) Yes P.O. Box 110 Water of Dopyth P.In.T.D. Designate Type of Completion - (X) Yes P.O. Box 1000 P.In.T.D. Yes Designat		Unit Letter U; 66	0 Feel From The South Line	and <u>660</u>	Feet 7 rom The	West	
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Address (Side address is unlike approximate of Calumbus of		Name of Authorized Transporter of Oil	or Condensate	D. 0 . Dev 1010	Widland TV	70702	
Description Unit Sees Tween is an extending connected? when The well indication is commingled with that from any other lease of pool, give commingling order number: A000B1 A000B1 V. COLPLETION DATA On will Ges will New woll Workwer Designate Type of Completion - (X) X Designate Type of Completion - (X) Y Test Description Test Description Piol Bock Sense Hasty, OPEN Designate Type of Completion - (X) Y Y Test Description Piol Bock Sense Hasty, OPEN Designate Type of Completion - (X) Y Y Test Description Piol Bock Sense Hasty, OPEN Designate Type of Completion - (X) Y Y Test Description Piol Bock Sense Hasty, OPEN Sense Hasty, OPEN Ell enburger 7260 ⁻¹ Tubing Despin	Ì	Shell Pipe Line Corporat Name of Authorized Transporter of Cast	nghead Gas 👔 or Dry Gas 🗍	Address (Give oddress	Address (Give address to which approved copy of this form is to be sent)		
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sbove is true and complete to the best of my anowhous the condition Image: Standwell Senior Engineering Technician 7-17-78				and Solon			
ControlJ. E. SullivanSenior Engineering Technician (Title)(Title)7-17-78This form is to be filed in compliance with RULE 1104.If this is a request for allowable for a newly diffed or deepen well, this form must be accompanied by a tabulation of the deepen well, this form must be accompanied by a tabulation of the deepen well in accordance with RULE 111.Senior Engineering Technician (Title)All sections of this form must be filled out completely for allowable tests taken on the well in accompleted viells.Fill out only Sections I. U. III, and VI for changes of owned well name or number, or transporter, or other such change of conduction		above is true and complete to the	bost of my knowledge and belief.	SUP	HANNER AN	ARCI :	
Senior Engineering Technician (Title) 7-17-78 (Title)		([*] .			to be filled in one	nliance with RULE 1104.	
Senior Engineering Technician (Signature) 7-17-78 (Signature)		Q & X. Mu	I set attompte for a provident of deepend				
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LAN M. M.