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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
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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

Operator Shell Oil Company	
Address P.O. Box 1509, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name State Section 2	Well No. 3	Pool Name, Including Formation Hare	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter <u>U</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137, Eunice, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit V	Sec. 2	Twp. 21S	Rge. 37E	Is gas actually connected? <input checked="" type="checkbox"/>	When 2-24-74

If this production is commingled with that from any other lease or pool, give commingling order number: A00081

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. 2-16-78		Total Depth 7906		P.B.T.D. -			
Elevations (DF, RKB, RT, GR, etc.) 3467' DF	Name of Producing Formation McKee		Top Oil/Gas Pay 7682'		Tubing Depth 6840			
Perforations 7682-7707'					Depth Casing Shoe 7852'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13 3/8"	225'	250
	8 5/8"	3152'	1950
	5 1/2"	7852'	825

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 2-28-78	Date of Test 6-14-78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 40	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 9	Gas - MCF 57

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.

J. E. Sullivan  
(Signature)  
Senior Engineering Technician  
7-17-78  
(Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19 1978  
BY [Signature]  
TITLE Superintendent

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.

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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

Operator <u>Shell Oil Company</u>	
Address <u>P.O. Box 1509, Midland, TX 79702</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State Section 2</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Brunson</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No.
Location Unit Letter <u>U</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Shell Pipe Line Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1910, Midland, TX 79702</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Getty Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1137, Eunice, NM 88231</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>V</u> Sec. <u>2</u> Twp. <u>21S</u> Rge. <u>37E</u>	Is gas actually connected? <u>yes</u> When <u>2-24-78</u>

If this production is commingled with that from any other lease or pool, give commingling order number: A00081

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>		
Date Spudded _____	Date Compl. Ready to Prod. <u>2-16-78</u>	Total Depth <u>7906'</u>	P.B.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) <u>3467'</u>	Name of Producing Formation <u>Ellenburger</u>	Top Oil/Gas Pay <u>7760'</u>	Tubing Depth <u>6840'</u>
Perforations <u>7760-7906</u>			Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>13 3/8"</u>	<u>225'</u>	<u>250</u>
	<u>8 5/8"</u>	<u>3152'</u>	<u>1950</u>
	<u>5 1/2"</u>	<u>7852'</u>	<u>825</u>

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 <u>2-28-78</u>	Date of Test <u>7-3-78</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>35-40</u>	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>9</u>	Water - Bbls. <u>6</u>	Gas - MCF <u>80</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

J. E. Sullivan  
(Signature)  
Senior Engineering Technician  
(Title)  
7-17-78  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Jerry L. Smith  
TITLE SUPERVISOR

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All sections of this form must be filled out completely for allowable on new and recompleted wells.  
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