Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

	OIL C	ONSERVA		IVISION		~		
OISTRICT II O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088							
OSTRICT III OOO Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION							
•	TO TRANSPORT OIL AND NATURAL GAS							
Operator Shell Western E & P	Inc.	VCK 5237	(206	7E>	. ,	2506466	<u> </u>	
Address PO Box 576, Houston,	TX 77001 (L	wck 5237	)	,		1 :		
Reason(s) for Filing (Check proper box)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			r (Please explai	in)	Well	will be	remark!
New Well	_ L <del></del> /	Transporter of:				Nervie	is - 19	South
Recompletion X	Oil	Dry Gas Condensate						5 upon
	0		1 /1 A M:	dland T	V 70702			
nd address of previous operator EXX	on Corp., PO	DUX IDUU, M	L/14, MI	ulanu, i	X /9/UZ	3 W 1 83 5	10. 140	anymen of.
I. DESCRIPTION OF WELL		Pool Name, Includi	ng Formation		> Kind o	( Lease	4: 4 - Ta	ase No.
Lease Name New Mexico V State 🔨	3356 4 4	Wantz Abo		62700		Federal or Fee		
Location		_			7	- '		
Unit Letter N	: 500	Feet From The SO	uth_Line	and <u>2080</u>	Fee	et From The	West	Line
Section 10 Township	215	Range 37E	, NI	MPM,	Lea			County
III. DESIGNATION OF TRAN				<del></del>		<u>-</u>		
Name of Authorized Transporter of Oil See Attachment	or Condensate  Address (Give address to which approve See Attachment					d copy of this form is to be sent)		
Name of Authorized Transporter of Casing See Attachment	ghead Gas X	Address (Giv		ich approved	copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected? When ?				-	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	ling order num	ber:				
Designate Type of Completion	Oil Wel	I Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion  Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
<b>540</b> Spanson			• į					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations			- <del></del>			Depth Casir	ng Shoe	
	TUBING	, CASING AND	CEMENTI	NG RECOR	D			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
			<del> </del>		<del> </del>			
THE THE AND DEOLIE	CT FOR ALLOW	ADI E				<u> </u>	···	
V. TEST DATA AND REQUE OIL WELL (Test must be after	SI FUR ALLUVV recovery of total volume	ADLE e of load oil and mus	t be equal to o	r exceed top all	owable for th	is depth or be	for full 24 hou	ars.)
Date First New Oil Run To Tank	Date of Test			lethod (Flow, p				
Length of Test	Tubing Pressure	Casing Press	Casing Pressure			Choke Size		
Length of Test	Tubing Flessure							
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas- MCF			
GAS WELL			<u>. l</u>					
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	LATE OF COM	IPLIANCE		011 66			<b>D</b> 11.41.51.	
I hereby certify that the rules and regu	ulations of the Oil Cons	servation		OIL COI	NSERV	ATION	DIVISIO	N
Division have been complied with and is true and complete to the best of my	i that the information g knowledge and belief.	riven above	Dat	e Approve	ed	MAR J	1 1994	
9. Marins h) in ite	4							
	echnical Mana sset Administ	iger -	By_			A 3 pm in 10 1 1 1 1	ODV CEVE	~&!
Printed Name		Title	Title	ORI( 9			ERRY SEXT	<b>∪</b> 14
2/28/94	(713) 544	<b>⊦-</b> 3797						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.