

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE			
SANTA FE		AND			
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL GAS			
OPERATOR					
PRORATION OFFICE					
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:		Need Temporary Allowable	
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 _____

DESCRIPTION OF WELL AND LEASE		Well No.		Pool Name, including Formation		Kind of Lease		Lease No.	
State		15		Drinkard/W		State, Federal or Fed State		NM 1197	
Location									
Unit Letter		K		3546		Feet From The		North	
Line of Section		2		Township		21-S		Range	
						37-E		, NMPLM, Lea	
								County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				P. O. Box 1598, Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Skelly Oil Company				P. O. Box 1137, Eunice, NM 88231			
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
		T	2	21S	37E	Yes	7-28-52

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

COMPLETION DATA		Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Res'v.		Diff. Res'v.	
Designate Type of Completion - (X)		X														X	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.											
6-6-52		11-10-77		8147		8090											
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth											
3502		Abo		7048		7367											
Perforations						Depth Casing Shoe											
7048-7255'																	
TUBING, CASING, AND CEMENTING RECORD																	
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT											
17 1/2"		13 3/8"		728		250											
11"		8 5/8"		3148		1600											
7 7/8"		5 1/2" liner		8010		870											

V. TEST DATA AND REQUEST FOR ALLOWABLE (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		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
11-10-77		11-10-77		Pump	
Length of Test		Tubing Pressure		Casing Pressure	
24 hours		-		-	
Actual Prod. During Test		Oil-Bbls.		Water-Bbls.	
9 BF		8 (prorated to 3)		1	
				Check Size	
				Gas-MCF	
				44	

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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>DEC 21 1977</u> , 19	
C. R. Coenen (Signature)		BY <u>John Coenen</u>	
R. J. Coenen (Title)		TITLE <u>Prod. L. Sec.</u>	
Division Production Superintendent 12/21/77			
(Date)			
12/21/77			
		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 latest 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 re-completed wells.	
		Fill out only Sections I, V, III, and VI for change of owner, well name or number, or transporter or other such change of condition.	

RESERVED

22157

OIL CONSUMPTION Comm.
HOBBS, N. M.