

OIL CONSERVATION DIVISION

Form C-104  
Revised 10-1-78

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator SHELL WESTERN E&P INC.	
Address P.O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name LIVINGSTON	Well No. 3	Pool Name, including Formation WANTZ ABO	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>W</u> : <u>560</u> Feet From The <u>SOUTH</u> Line and <u>2030</u> Feet From The <u>EAST</u>				
Line of Section <u>3</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>LEA</u> 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"/> 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"/> TEXACO PRODUCING INC	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 <u>S</u> Sec. <u>3</u> Twp. <u>21S</u> Rge. <u>37E</u>	Is gas actually connected? <u>YES</u> When <u>12-01-87</u>

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 <input type="checkbox"/>	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input checked="" type="checkbox"/> Plug Back <input type="checkbox"/> Some Res'v. <input type="checkbox"/> Diff. Res <input checked="" type="checkbox"/>
Date Spudded 2-11-51	Date Compl. Ready to Prod. 12-01-87	Total Depth 8094'
Elevations (DF, RKB, RT, GR, etc.) 3433' DF	Name of Producing Formation WANTZ ABO	Top Oil/Gas Pay 7140'
Perforations 7140' - 7290'		Tubing Depth 7106'
		Depth Casing Shoe 7968'
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
17-1/4"	13-3/8" (32#)	224'
11"	8-5/8" (32#)	3147'
7-7/8"	5-1/2" (15.5, 17#)	7968'
		SACKS CEMENT 250 2200 500

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 12-01-87	Date of Test 12-10-87	Producing Method (Flow, pump, gas lift, etc.) PUMP
Length of Test 24 HRS	Tubing Pressure 30	Casing Pressure 30
Actual Prod. During Test	Oil-Bbls. 110	Water-Bbls. 55
		Gas-MCF 86

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. J. FORE  
(Signature)  
SUPERVISOR REG. & PERMITTING  
(Title)  
12-21-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 30 1987, 19

BY ORIGINAL SIGNED BY JERRY BEXTON  
TITLE DISTRICT I SUPERVISOR

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 deviated 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 multiple completed wells.