

DISTRIBUTION			
SALE TAX			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

I.

Operator SHELL OIL COMPANY	
Address P. O. BOX 1509, MIDLAND, TEXAS 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input 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 DRINKARD	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter W ; 560 Feet From The South Line and 2030 Feet From The East				
Line of Section 3 Township 21S Range 37E , N.M.P.M., Lea 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 Corp.	Address (Give address to which approved copy of this form is to be sent) P O Box 2648 Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Co.	Address (Give address to which approved copy of this form is to be sent) P.O Box 1135 Eunice, N.M. 88231	
If well produces oil or liquids, give location of tanks.	Unit W Sec. 3 Twp. 21S Rge. 37E	Is gas actually connected? yes When 12-5-73

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X		X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth 8094		P.B.T.D.			
Elevation (DE RKB, RT, GR, etc.) 3433 DE	Name of Producing Formation Drinkard		Top Oil/Gas Pay 7975		Tubing Depth 8091			
Perforations 6450-6750 31 (holes)					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 17 1/4" 11" 7 7/8"	CASING & TUBING SIZE 13 3/8" 8 5/8" 5 1/2"		DEPTH SET 224' 3147' 7968'		SACKS CEMENT 250 sx 2200 sx 500 sx.			

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 11-20-73	Date of Test 12-5-73	Producing Method (Flow, pump, gas lift, etc.) flow	
Length 24 hrs	Tubing Pressure 90	Casing Pressure	Choke Size 40/64
Actual Prod. During Test	Oil-Bbls. 72	Water-Bbls. 2	Gas-MCF 335

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

E. G. Young
Section Supervisor, Oil Accounting

(Title)

12-17-73

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19_____
BY _____
TITLE _____

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.

Separate Forms C-104 must be filed for each pool in multiply