

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

Operator Shell Oil Company	
Address P. O. Box 1858, Roswell, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Reclassification by N.M.O.C.C. from Blinebry (gas) to Blinebry (oil) as of January 1, 1965
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Taylor-Glenn	Well No. 1	Pool Name, Including Formation Blinebry	Kind of Lease State, Federal or Fee Fee
Location Unit Letter K ; 3226 Feet From The north Line and 1980 Feet From The west Line of Section 3 Township 21-S Range 37-E , NMPM, 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) Box 1598, Hobbs, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) Box 1135, Eunice, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 3
	Twp. 21-S	Rge. 37-E
	Is gas actually connected? Yes	When 1-1-65

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Production Operation Started: 1-14-65	Date Production Operation Completed: 1-17-65		Total Depth 8590'	F.B.T.D. 6720'				
Pool Blinebry	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5816'	Tubing Depth 5955'				
Perforations 5816'-5850'			Depth Casing Shoe 8060'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13 3/8"		301'		250			
11"	8 5/8"		3879'		4300			
7 7/8"	5 1/2"		8060'		675			
	2"		5955'					

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 1-17-65	Date of Test 1-17-65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24-hour	Tubing Pressure 900 psi	Casing Pressure 1010 psi	Choke Size 16/64"
Actual Prod. During Test 17 1/2	Oil-Bbls. 17	Water-Bbls. 1/2	Gas-MCF 425.0

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

Original Signed By
R. A. Lowery **R. A. Lowery**
(Signature)

Acting Division Production Superintendent
(Title)

1-18-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **John L. Ramirez**
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 Sections I, II, III, and VI only 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 completed wells.