

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISS.
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

Operator Shell Oil Company	
Address P. O. Box 1509, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
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 _____

Lease Name Chesher		Well No. 1	Pool Name, Including Formation Wildcat - Glorieta	Kind of Lease State, Federal or Fee Fee	Lease No.
Location					
Unit Letter K	1980	Feet From The South	Line and 1980	Feet From The West	
Line of Section 12	Township 21-S	Range 37-E	, NMPM, Lea		County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Shell Pipe Line Corp.		P. O. Box 2648, Houston, Texas 77001			
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 1135, Eunice, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 12	Twp. 21S	Rge. 37E	Is gas actually connected? Yes When 11-1-54

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

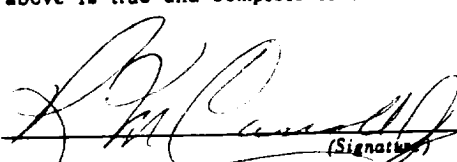
Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 12-2-51	Date Compl. Ready to Prod. 12-4-71 (This zone)	Total Depth 7695		P.B.T.D. 5690					
Elevations (DF, RKB, RT, GR, etc.) 3465 DF	Name of Producing Formation Glorieta	Top Oil/Gas Pay 5320		Tubing Depth 5395					
Perforations 5320-5340				Depth Casing Shoe 6919					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13 3/8"		220'		250				
11"	8 5/8"		3256'		2100				
7 7/8"	5 1/2"		3022-6919'		750				

Date First New Oil Run To Tanks 12-4-71		Date of Test 12-10-71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls. 6	Water-Bbls. 59	Gas-MCF 25	

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

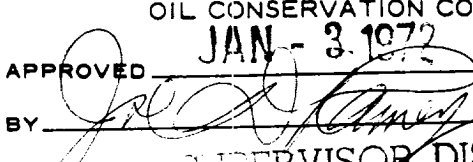
VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)
R. M. Carroll, Jr., Senior Production Engineer
(Title)
December 30, 1971
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JAN - 3 1972**, 19 _____

BY 
TITLE **SUPERVISOR DISTRICT I**

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 completed wells.

RECEIVED

JAN 3 1972

OIL CONSERVATION COMM.
HOBBS, N. M.