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| ANTAFEE | | |
| FILE | | |
| 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-111
Effective 1-1-65

I.

| | |
|---|---|
| Operator Shell Oil Company | |
| Address P. O. Box 1950 Hobbs, New Mexico 88240 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input type="checkbox"/> | Change in Transporter of <input type="checkbox"/> |
| Recompletion <input 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"/> |

Request testing allowable of 120 bbls. of oil. While repairing a casing leak on this well we circulated 120 bbls. oil out the bradenhead.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|-----------|
| Lease Name Plumlee | Well No. 1 | Pool Name, including Field Blinebry | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter N 660' Feet From The South 1980' Feet From The West | | | | |
| Line of Section 12 Township 218 Range 37E 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 Pipeline Corp. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910 Midland, Tex. 79701 | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company | Address (Give address to which approved copy of this form is to be sent) Eunice, New Mexico | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. 12 | Twp. 21 | Range 37 | When Yes June, 1952 |

If this production is commingled with that from any other lease or pool, give name and number:

IV. COMPLETION DATA

| | | |
|------------------------------------|---|-------------------|
| Designate Type of Completion - (X) | Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/> | |
| Date Spudded | Date Compl. Ready to Prod. | P.B.T.D. |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Tubing Depth |
| Perforations | | Depth Casing Shoe |
| TUBING, CASING, AND CEMENT RECORD | | |
| HOLE SIZE | CASING & TUBING SIZE | SACKS CEMENT |
| | | |
| | | |
| | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after completion of well and must be equal to or exceed top allowable for new well.)

| | | |
|---------------------------------|-----------------|--|
| Date First New Oil Run To Tanks | Date of Test | (Test must be after completion of well and must be equal to or exceed top allowable for new well.) |
| Length of Test | Tubing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Gas-MCF |

GAS WELL

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

VI. 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.

Orig. Signed By

Jerry Sexton

Dist. 1, Supv.

Halter N. Moore

(Signature)

PRODUCTION FOREMAN

(Title)

March 27, 1980

(Date)

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 allow-

able for 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.