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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 ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Plumlee** Well No. **1** Pool Name, Including Formation **Drinkard** Kind of Lease **Fee** Lease No.
Location **N 660 Feet From The South Line and 1980 Feet From The West**
Unit Letter **N** Line of Section **12** Township **21S** Range **37E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipe Line Corp. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1910, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Skelly Oil Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1135, Eunice, New Mexico 88231
If well produces oil or liquids, give location of tanks. Unit **N** Sec. **12** Twp. **21S** Rge. **37E** Is gas actually connected? **Yes** When **8-29-73**

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 ☐ Gas Well ☐ New Well ☐ Workover ☒ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☒
Date Spudded **8-26-73** Date Compl. Ready to Prod. **8-26-73** Total Depth **7674** P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) **3454 DF** Name of Producing Formation **Drinkard** Top Oil/Gas Pay **6575** Tubing Depth **6850**
Perforations **6575 - 6837 (25 holes)** Depth Casing Shoe **6950**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
17" 4" **13 3/8"** **210** **250**
11" **8 5/8"** **3182** **2200**
7 7/8" **5 1/2"** **6950** **50**

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 **8-26-73** Date of Test **8-29-73** Producing Method (Flow, pump, gas lift, etc.) **Pumps**
Length of Test **24 hours** Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil-Bbls. **9** Water-Bbls. **9** Gas-MCF **31**

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

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY **John W. Runyan**
Geologist
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 recompleted wells.

M. E. Howorth
(Signature)

Product Accounting Supervisor
(Title)

September 21, 1973
(Date)