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NO. OF COPIES RECE	IVED		
DISTRIBUTIO	N		
SANTA FE			
FILE		<b>├</b>	
U.S.G.S.		\ 	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
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## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

		OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE	Α	AND	.c
U.S.G.S.	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GA	.3
LAND OFFICE			
TRANSPORTER			
GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
Shell Oil Company			
Address TEOD Midland	Texas 79701		
P.O. Box 1509, Midland	, I Canad	Other (Please explain)	
Reason(s) for filing (Check proper box)	Change in Transporter of:		
New Well	Dry Gas		
Recompletion	O'' = '.	ate 1	111.11
Change in Ownership	Casinghead Gas		
	#### PCIL PA: BLEN PLA	ACED IN THE POOL	
If change of ownership give name	1881 NA 1-10 E 11 ON 11 F Y	OU DO NOT CONCUR	
and address of previous owner	ROTHAL THIS OFFICE.		
THE PROPERTY OF WELL AND L.	EASE	matten Kind of Lease	Lease No.
DESCRIPTION OF WELL AND L	1	State, Federal	1
Plumlee	1 Drinkard	Etato, 1	
			11
Location N 660	Seet From The South Line	and 1980 Feet From T	The West
Unit Letter;	Feet From The Line		
10		7E , NMPM, Lea	County
Line of Section 12 Town	nship 213 Range		
		a	
. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which appro-	ved copy of this form is to be sent)
Name of Authorized Transporter of Oil	X or Condensate	1010 Widler	A Teres 79701
Chall Pine Line Corp.		P.O. Box 1910, Midlan Address (Give address to which appro	wed copy of this form is to be sent)
Name of Authorized Transporter of Cas	inghead GasX or Dry Gas		
Name of Authorized Transports		P.O. Box 1135, Eunice	1 11011
Skelly Oil Company	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	nen – -
If well produces oil or liquids,	010 070	Yes	8-29-73
tustion is commingled wit	th that from any other lease or pool,	give commingling order number.	
COMPLETION DATA		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v
. COMPLETION DATA	Oil Well Gas Well	1	X
Designate Type of Completic	on - (X)	X	P.B.T.D.
	Date Compl. Ready to Prod.	Total Depth	
Date Spudded	8-26-73	7674	Tubing Depth
	Name of Producing Formation	Top Oil/Gas Pay	I uping Deptin
Elevations (DF, RKB, RT, GR, etc.)		6575	6850
3454 DF	Drinkard		Depth Casing Shoe
Perforations			6950
6575 - 6837 (25 hole	es)	D CEMENTING PECOED	
	I UBING, CASING, AIN	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		250
17" 4"	13 3/8"	210	2200
174	8 5/8"	3182	50
		6950	50
11"	5 1/2"		
7 7/8"	5 1/2"		
11" 7 7/8"		after recovery of total volume of load o	il and must be equal to or exceed top all
11" 7 7/8"		danes of he for tall at house,	
7 7/8"  V. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a able for this d	danes of he for tall at house,	
11" 7 7/8"	FOR ALLOWABLE (Test must be able for this d	Producing Method (Flow, pump, gas	lift, etc.)
7 7/8"  V. TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks	FOR ALLOWABLE (Test must be able for this described ab	Producing Method (Flow, pump, gas	
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7 7/8"  V. TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  8-26-73  Length of Test	FOR ALLOWABLE (Test must be able for this described ab	Producing Method (Flow, pump, gas  Pumps  Casing Pressure	lift, etc.)
7 7/8"  V. TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  8-26-73  Length of Test  24 hours	FOR ALLOWABLE (Test must be able for this described ab	Producing Method (Flow, pump, gas	Choke Size  Gas-MCF
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7 7/8"  V. TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  8-26-73  Length of Test  24 hours  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  VI. CERTIFICATE OF COMPLIA  I hereby certify that the rules an Commission have been complied above is true and complete to	Date of Test  8-29-73  Tubing Pressure  Oil-Bbls.  9  Length of Test  Tubing Pressure (shut-in)  NCE  and regulations of the Oil Conservation dwith and that the information give the best of my knowledge and belie	Producing Method (Flow, pump, gas  Pumps Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL. CONSER  On en en en.  TITLE  This form is to be filed	Choke Size  Gas-MCF  31  Gravity of Condensate  Choke Size  RVATION COMMISSION  19  110  1104.
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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.