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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND NOTICE OF O.C.C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
DEC 23 11 03 AM '66

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator <b>Shell Oil Company (Western Division)</b>	
Address <b>P. O. Box 1509, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>* El Paso takes High Pressure Gas. Skelly takes Low Pressure Gas.</b>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name <b>Turner</b>	Well No. Pool Name, including Formation <b>5 Blinebry (Gas) Blinebry</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>I</b> <b>1980</b> Feet From The <b>south</b> Line and <b>660</b> Feet From The <b>east</b>		
Line of Section <b>22</b> Township <b>21-S</b> Range <b>37-E</b> N.M.P.M. <b>Lea</b> County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	<b>Shell Pipe Line Corporation</b>	<b>P. O. Box 1598, Hobbs, New Mexico 88240</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	<b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent)	
<b>*Skelly Oil Company</b>		<b>P. O. Box 1384, Jal, New Mexico 88252</b>	
		<b>P. O. Box 1135, Eunice, New Mexico 88231</b>	
If well produces oil or natural gas, give location of tanks.	Unit <b>I</b> Sec. <b>8</b> Twp. <b>22-S</b> Rge. <b>37-E</b>	Is gas actually connected? <b>Yes</b>	When <b>December 1, 1966</b>

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

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Elevations (DF, RKB, KT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL		Bbls. Condensate/M MCF		Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test			
Testing Method (plot, back on.)	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.

Original Signed By  
**K. W. LAGRONE**

**K. W. Lagrone**

(Signature)

**Division Production Superintendent**

(Title)

**December 21, 1966**

(Date)

OIL CONSERVATION COMMISSION

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 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.

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE