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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
HUBBARD OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
Nov 29 11 47 AM '66

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

Operator Shell Oil Company (Western Division)	
Address P. O. Box 1509, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Re-Classified from Blinebry (Oil) to Blinebry (Gas). Effective 12-1-66.
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 type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

Lease Name Turner	Well No. 5	Pool Name, Including Formation Blinebry (Gas) Blinebry	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter I ; 1980 Feet From The south Line and 660 Feet From The east Line of Section 22 Township 21-S Range 37-E , NMPM, Lea County				

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Shell Pipe Line Corporation		P. O. Box 1598, Hobbs, New Mexico 88240				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company		P. O. Box 1384, Jal, New Mexico 88252				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 22	Twp. 21-S	Rge. 37-E	Is gas actually connected? yes	When December 1, 1966

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, 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/MMCF		Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test			
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.	
Original Signed By K. W. LAGRONE	K. W. Lagrone
(Signature)	
Division Production Superintendent	
(Title)	
November 28, 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.	