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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL		
GAS		
OPERATOR		
PRORATION OFFICE		

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)*
**Reclassified from Blinebry (Oil) to
Blinebry (Gas) effective Julyl, 1969**

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

***El Paso Natural Gas - High Pressure Gas
Skelly Oil Company - Low Pressure Gas**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Turner	6	Blinebry (Gas)	State, Federal or Fee **Fee**	

Location

Unit Letter **M** ; **660** Feet From The **south** Line and **660** Feet From The **west**

Line of Section **22**   Township **21-S**   Range **37-E**   NMPM   **Lea** County

EFFECTIVE JANUARY 31, 1977,
SKELLY OIL COMPANY MERGED
INTO GETTY OIL COMPANY.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒

Shell Pipe Line Corporation

Address *(Give address to which approved copy of this form is to be sent)*

P. O. Box 1598, Hobbs, New Mexico   88240

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

***El Paso Natural Gas Company
Skelly Oil Company**

Address *(Give address to which approved copy of this form is to be sent)*

**P. O. Box 1384, Jal, New Mexico   88252
P. O. Box 1135, Eunice, New Mexico   88231**

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	22	21-S	37-E	**Yes**	**12-27-64**

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	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

(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)
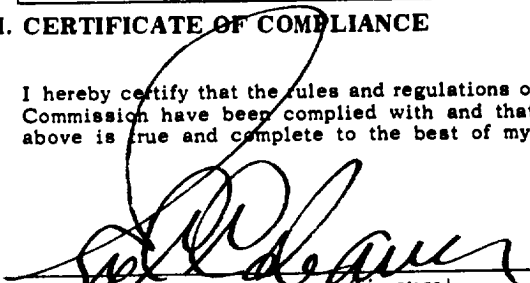
OIL WELL

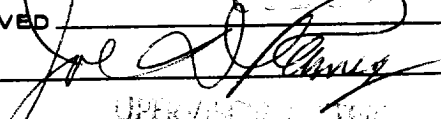| Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

_____ **R.C.Cabaniss**
(Signature)

Division Production Superintendent
(Title)

July 14, 1969
(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 allow-
able 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.