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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 | <input type="checkbox"/> | Change in Transporter of: | | Other (Please explain) |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | |
| | | Dry 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 Name Turner | Well No. 15 | Pool Name, Including Formation Drinkard | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter 0 ; 990 Feet From The South Line and 2310 Feet From The East Line of Section 22 Township 21 S. Range 37 E. , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Getty Oil Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000 Tulsa, Oklahoma 74102 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | Twp. | Rge. |
| | Is gas actually connected? When | |

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 <input checked="" type="checkbox"/> | Gas Well | New Well | Workover <input checked="" type="checkbox"/> | Deepen | Plug Back | Same Res'v. | Diff. Res'v. <input checked="" type="checkbox"/> |
| Date Spudded Workover 2/6/73 | Date Compl. Ready to Prod. 2/15/73 | | Total Depth 7472 | | P.B.T.D. 6625 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3416 DF. | Name of Producing Formation Drinkard | | Top Oil/Gas Pay 6356 | | Tubing Depth 6304 | | | |
| Perforations 6356-6604 | | | | | Depth Casing Shoe 7472 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/4" | 13 3/8" | | 254 | | 300 | | | |
| 11" | 8 5/8" | | 2887 | | 1950 | | | |
| 7 7/8" | 5 1/2" | | 7472 | | 875 | | | |

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

| | | | |
|--|---|-----------------------------------|-----------------------------|
| Actual Prod. Test - MCF/D 946 | Length of Test 24 hrs. | Bbls. Condensate/MMCF 0 | Gravity of Condensate |
| Testing Method (pitot, back pr.) Orifice Meter | Tubing Pressure (shut-in) 830 | Casing Pressure (shut-in) | Choke Size 16/64" |

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.


A. Ramirez
Supervisor Oil Accounting
(Title)
3/9/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 19 1979**, 19 _____
BY **Orig. Signed By**
Jerry Sexton
TITLE **Dist. 1. Supv.**

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.