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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico 3y, Minerals and Natural Resources Departme:

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOW		E AND AUTHORIZAT	ΓΙΟΝ		
Operator .	TO TRANSPORT	OIL /	AND NATONAL GAS	Well Al	l No.	
•	TNC					
SHELL WESTERN E&P : Address				_l		
P. O. BOX 576, HOUS	<u>STON, TX 77001 (W</u>	NCK 4	Other (Please explain)		<u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u>	
Reason(s) for Filing (Check proper box)	Change in Transporter of	f.	Outer it seems explains			
New Well	Oil Dry Gas	· 				
Recompletion X	Casinghead Gas Condensate	$\overline{\Box}$				
Change in Operator   f change of operator give name	Catalyload Can [ ] Control					4
and address of previous operator						
II. DESCRIPTION OF WELL	AND LEASE					
Lease Name	Well No. Pool Name, I	ncluding	g Formation	Kind of		Lease No.
Turner	16   Ha	are-	San Andres	(State)	ederal or Fee	
Location						
Unit Letter	. 330 Feet From Th	he 50	uth Line and 660	) Fee	t From The	West Line
<u> </u>				,		
Section 22 Township	p 2 5 Range 3	37E	, NMPM,	Lea	· · · · · · · · · · · · · · · · · · ·	County
	,					
III. DESIGNATION OF TRAN		ATUR	AL GAS		Call Comme	for the formation
Name of Authorized Transporter of Oil	or Condensate	1	Address (Give address to which	approved	copy of this form	is in he semi)
NA			Address (Give address to which	anne	come of this for-	is to be sent)
Name of Authorized Transporter of Casing			P.O. Box 158		Isa, OK	74102
		Rge.	Is gas actually connected?	When		ITIUE
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	vae-	Yes	[ When	4-03-	29
	form any other leave or pool, give core	nminalir			. 024	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give con	inimiRii	ng older manoer.			
	ter Source Oil Well Gas W	Vall I	New Well Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v
Designate Type of Completion		' I	I I	Y	1,00 2000 1000	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
12-21-51	6-21-88		7864			5056'
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
3427 DF	San Andres		4004		,	5050'
Perforations	J SAM AMATES				Depth Casing S	hoe
4004'- 4960'						7785' (LNR)
<u> </u>	TURING CASING	AND (	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
17- 1/4"	13-3/8" (48#)	**	208'	'		150
17.	8-5/8" (32#)		2926		2.350	
7-7/8"	5-1/2" LNR (15.5, 17	7#)	2730' - 778	35 ′		970
V. TEST DATA AND REQUE	ST FOR ALLOWABLE					
OIL WELL (Test must be after	recovery of total volume of load oil an	nd must l	be equal to or exceed top allowa	ble for this	depth or be for	full 24 hours.)
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump	, gas lift, e	(c.)	
					165-1 6:	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
	<u> </u>				Cas MCE	
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.		Gas- MCF	
					<u></u>	
GAS WELL						
Actual Prod. Test - MCF/D	Length of Test		Bbls, Condensate/MMCF		Gravity of Con	densate
442	24 hrs		0			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	
	90		50		<u></u>	
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE	Ε	011 00110	,,	ATION -	IVICIONI
I hereby certify that the rules and regu			OIL CONS	>HKV	4 HON D	1412101A
Division have been complied with and that the information given above					MAV	9 1000
is true and complete to the best of my	knowledge and belief.		Date Approved		MAIZ	3 1989
$\sim M \Lambda$			11			
Attmitheman			Dy 01	RIGINAL	SIGNED BY	JERRY SEXTON
Signature	DECULATION OF THE	~	By	DIS	TRICT I SUP	RVISOR
J. H. SMITHERMAN	REGULATORY SUPV.				1 *	चन <b>क</b> र्षे
Printed Name 5 - 18 - 89	Tille (713) 870-3797		Title	~		
Date 5-16-29	Telephone No.	-	•			
	Trabitions 1 to		11			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.