

OIL CONSERVATION DIVISION

P. O. BOX 2008

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator Shell Western E&P, Inc.

Address 200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒

Other (Please explain)

If change of ownership give name Shell Oil Company, P.O. Box 991, Houston, Texas 77001
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sarkeys Well No. 3 Pool Name, including Formation Blinberry Oil And Gas Kind of Lease Fee Lease No.

Location L : 1980 Feet From The South Line and 660 Feet From The West

Line of Section 23 Township 21S Range 37E NMPM Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Shell Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland TX 79702

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978

If well produces oil or liquids, give location of tanks. Unit No Sec. Change Twp. Rge. Is gas actually connected? Yes When NA

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

IV. COMPLETION DATA

Designate Type of Completion - (X) ☐ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Rea't. ☐ Diff. Rea't.

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

Elevations (DF, RKB, RT, CR, 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)

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-Bble. Water-Bble. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bble. Condensate/MCF Gravity of Condensate

Testing Method (pilot, back pr.) Tubing Pressure (Shot-In) Casing Pressure (Shot-In) Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]

(Signature)

Attorney-in-Fact

(Title)

December 1, 1983 Effective January 1, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 31 1984, 12BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISORTITLE

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 deviated 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 multiple completed wells.

RECEIVED
JAN 19 1984
O.C.D.
HOBBS OFFICE

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