

THIS FORM IS TO BE FILED IN THE FOLLOWING OFFICE:		
FILE		
ALBUQUERQUE		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Superseding OIL O-104 and O
Effective 1-1-65

Operator Shell Oil Corporation
Address P.O. Box 1670, Hobbs, NM 88240
Consent; for filing (check proper box)
New Well ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Change Lease Name and State Number effective 2-1-85
State "B" No. 1
If change of ownership give name and address of previous owner New States Oil Co.

DESCRIPTION OF WELL AND LEASE

Well Name Cenice Monument Well No. 307 Pool Name, including Formation Cenice Monument Kind of Lease State, Federal or Free Lease No.
Location
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West Line of Section 11 Township 21-S Range 36E , N.M.P.M. Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Consensate ☐
Shell Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 4001 Pembroke, Dallas, TX 75261
If well produces oil or liquids, give location of tanks. Unit F Sec. 11 Twp. 21S Rge. 36E Is gas actually connected? Yes When Unknown

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug back	Shut-in	Well Restored
Date Spudded	Date Complet. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations (D.F., R.R.D., 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

OIL WELL 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 (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/MCF	Gravity of Condensate
Testing Method (flow, back prod.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.D. Pate
(Signature)

AREA ENGINEER
(Title)

1-28-85
(Date)

OIL CONSERVATION COMMISSION

MAR 15 1985

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 logs 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- ship, name of number, or transporter, or other such change of condition.