

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

NAME OF OPERATOR	
ADDRESS	
PHONE	
MAILING ADDRESS	
MAILING PHONE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
OPERATOR	

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	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Taylor Glenn Battery 2</u>	<u>10</u>	<u>Drinkard</u>	<u>State, Federal or Fee</u>	<u>Fee</u>
Location				
Unit Letter <u>F</u>	<u>1980</u>	Feet From The <u>North</u> Line and <u>1980</u>	Feet From The <u>West</u>	
Line of Section <u>03</u>	T. <u>21S</u>	Range <u>37E</u>	<u>NMPM</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Shell Pipeline Corporation</u>	<u>P.O. Box 1910, Midland, TX 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Getty Oil Company</u>	<u>P.O. Box 1137, Eunice, New Mexico 88231</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>No Change</u>				<u>Yes</u>	<u>NA</u>

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	Some Rest'v.	Diff. Rest'
<u>X</u>								
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 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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MCF	Gravity of Condensate
Testing Method (prod, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Attorney-in-Fact

December 1, 1983 Effective January 1, 1984

OIL CONSERVATION DIVISION

APPROVED FEB 1 1984, 12
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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 Form C-104 must be filled for each pool in multiple completed wells.

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