STATE OF NEW MEXICO ENERGY AND MIDIENALS DEPARTMENT

		71.7-7	.,,,,,
		1_	
CHILDIAN	<u> </u>	1_	
34-14 / C			
116.5		<u></u>	
v t.u.t,			
LAST OFFICE			
10000000000	UIL		
	0 4 6		
C-144104		$i^{-1}$	
PAGRATION OFFICE			

## OIL CONSERVATION DIVISION P. O. DOX 2088

	/11.7					
	REQUEST FOR ALLOWARIE					
	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
1.	Chelate					
Shell Western E&P, Inc.						
	200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001					
	New Well	Keason(s) for filing (Check proper box)  Change in Transporter of:				
	Accompletion	OII	, Cos 🔲			
	Change In Ownership X		ndensate .			
	If change of ownership give name and address of previous owner	Shell Oil Company, P.O.	. Box 991, Houston, Texa	as 77001		
11.	DESCRIPTION OF WELL AN	D LEASE				
	Livingston	Well No. Pool Name, Including 13 Blinebry Oi	17 And Con .	deral or Fee FEE		
•	7	330 Feel From The NOTTH	Line and 347 Feet F	rom The East		
	Line of Section 04	F. mahip 215. Range	37E .NMPM. Lea			
ш.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL (	716	County		
	Shell Pipeline Corpo	N or Conference	P.O. Box 1910, Midla	pproved copy of this form is to be sent) nd. Texas 79702		
	Name of Authorized Transporter of C		Address (Give address to which a	oproved copy of this form is to be sent!		
	Getty C// _ Compa	NY Unit Sec. Twp. Rge.	P.O. Box 1137, Eunic	e, New Mexico 88231		
Į	cive location of tanks.	No Change	Yes	when NA		
	If this production is commingled a COMPLETION DATA	with that from any other lease or poo	l, give commingling order numbers			
-	Designate Type of Complet	ion - (X) Oil Well Gas Well	New Well Warkover Deepen	Plug Back Same Res'v. Dill. Res'		
Ī	Date Spudded	Dete Compl. Recdy to Prod.	Total Depth	P.a.T.D.		
ł	Elevauous (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top OU/Gas Pay			
.	Perforations			Tubing Depth		
	reflorations		•	Depth Casing Shoe		
			O CEMENTING RECORD			
F	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
Į						
-						
۲۰. ۲	FEST DATA AND REQUEST F	OR ALLOWABLE Test must be	after recovery of total volume of load of lepth or be for full 24 hows]	il and must be equal to ar exceed top allo		
	Cate First New Off Run To Tonks	Date of Test	Preducing Method (Flow, pump, gas			
	Length of Teet	Tubing Pressure	Casing Pressure	Choke Stre		
	Actual Prod. During Tees	OII-BNIs.				
Ĺ	The state of the s	011-8814.	Water-Bhis.	Gas-MCF		
-	GAS WELL					
	Actual Prod. Teel-MCF/D	Length of Test	Bbie. Condensate NAMCF	Gravity of Condensate		
	setting Method (picot, back pr.)	Tubing Presewe (Shat-La)	Caeing Pressure (Shat-in)	Chote Size		
<u>ا</u> ای د:	ERTIFICATE OF COMPLIAN	L	DII CONCEDIA	TON ON TON		
1	Vision have been complied with	egulations of the Oil Conservation and that the information given				
= 5	above is true and complete to the best of my knowledge and belief.		ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR			
-	XI. Now.	za	TITLE	SUPERVISOR		
		This form is to be filed in compliance with nuce 1104.				
(Signature)			If this is a request for altoriable for a newly drilled or despens well, this form must be accompenied by a fabulation of the deviation			
	Attorney-in-Fact (Tax	1.)	tests taken on the well in accordance with NULE 111.  All sections of this form must be filled out completely for allow able on new and recompleted wells.  Fill out only Sections 1, 11, 111, and VI for changes of owner well name or number, or transporter, or other such changes of condition			
_		ective January 1, 1984				
	•		1			

Separate Forms C-104 must be filed for each post in multiple considered wells.

en de la companya del companya de la companya del companya de la c

RECEIVED.