ENE	STATE OF NEW MEXICO RGY AND MINERALS DEPARTMENT	~ .	····	Form C-104 Revised 10-1-78
	**************************************		TION DIVISIC.	
	DISTRIBUTION	P. O. BO		
		SANTA FE, NEW	MEXICO 87501	
	U.S.G.S.			
	LAND OFFICE	REQUEST FOR		* REVISED *
	TRANSPORTER GAS	•	ND PORT OIL AND NATURAL GAS	
1.	OPENATION PROMATION OFFICE			<u></u>
	SHELL OIL COMPANY		1990 - ماليان	
	Address		:	
	P. O. BOX 991, HOUSTON Reason(s) for filing (Check proper box)	, TX 77001	Other (Please explain)	······································
	New Well	Change in Transporter of:		
	Recompletion X	Oil Dry Gan		
	Change in Ownership	Casingheod Gas Conden	sate	
	If change of ownership give name			
	and address of previous owner			\
H. DESCRIPTION OF WELL AND LEASE. Lease Name Well No. PoolName, Including Formation No. PoolName, Including Form				3) .
	ANTELOPE RIDGE UNIT 1 ATOKA XXXX Foderal XXXX			
	Location N 660 First From The SOUTH Line and 1980 Feet From The WEST			
	Unit Letter N ; 660) Feet From The <u>SOUTH</u> Line	e and 1980 Feet From "	TheNL31
	Line of Section 27 T.	mahip 23-5 Range	34-E , NMPM. LEA	County
. 11.	DESIGNATION OF TRANSPORT	Or Condensate X	S Address (Give address to which approv	ved copy of this form is to be sent)
SHELL PIPE LINE CORPORATION P. 0. BOX 1910, MIDLAND, TX 79701				
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)	
	SHELL OIL COMPANY		P. O. BOX 576, HOUSTON	
	if well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When when I	
	give location of tanks.	<u>N 27 18-5 34-E</u>	YES	2-24-83
	f this production is commingled with that from any other lease or pool, give commingling order number:			
	COMPLETION DATA			
	Designate Type of Completio		1 i 9	<u>Х</u> Р.В.Т.D.
	Date Spudded	Date Compl. Ready to Prod.	14,832'	13,065'
	12-26-61 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	3484' KB, 3483' DF,	АТОКА	12,093'	11,725'
	Pertorations			Depth Casing Shoe
	12,093' to 12,465' (56 holes) 11,942' TUBING, CASING, AND CEMENTING RECORD			
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	HOLE SIZE	16" (65#)	325'	400 sx (Circ)
	13-3/4"	10-3/4" (45.5#, 51#)	5098'	2475 sx (Circ)
	9-1/4"	7-5/8" (26.4,29.7,33.7#)	11,942'	1100 sx
		5-1/2" Liner (19.81#)	<u>11.754 to 14.643'</u>	300 sx, (Circ)
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be able for this depth or be for full 24 hours)				and the second secon
	OIL WELL But for this depict of Test P		Producing Method (Flow, pump, gas li	f1, e1c.)
				Choke Size
	Longth of Test	Tubing Pressure	Casing Pressure	
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas-MCF
				<u></u>
				· .
	GAS WELL		Bble. Condensate AMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D 858	Longth of Tost 4 hrs.	46.25	51.6
	OJO Testing Method (pitot, back pr.)	Tubing Presewe (Shnt-in)	Casing Pressure (Shut-in)	Choke Size
	BACK PRESSURE	3701	PKR.	VARIOUS
.	CERTIFICATE OF COMPLIANCE		DIL CONSERVA	
			APPROVED MAR 22 1983	
	I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given		ODVELALAT SHORTED BY MORE SEXTON	
	above is true and complete to the best of my knowledge and bellet.		TITLE	
	(Signa	-	thete taken on the well in accordance with Hock title	
	SUPERVISOR REGULATORY & PERMITTING (Tille) MARCH 16, 1983		All sections of this form must be filled out completely for allow able on new and recompleted wells.	
			Fill out only Sections 1, 11, 11, other such change of condition well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multip completed wells.	
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RECEIVED MAR 21 1983 O.C.D. Hobbs office

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