ſ	NO. OF COPIES RECEIVED	, we want to						
t	DISTRIBUTION	W MEXICO OIL (CONSERVATION COMMIS	SION F	Form C-104			
Ì	SANTA FE	RECITECT FOR ALL OWARLE Supersedes Old C-104 and C-110						
Ì	FILE AND LEGISLATION OF C. (Effective 1-1-65)							
Ì	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND N	ATURAL GAS				
l	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	TRANSPORTER OIL							
	GAS	4						
	PRORATION OFFICE	4						
1.	Operator							
	Shell Oil Company (Western Division)							
	Address Town 1500 at 11 1 m Town 1							
	P. O. Box 1509, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)							
	Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of:							
	Recompletion	Oil Dry G	as 🔲					
	Change in Ownership	Casinghead Gas Conde	nsate X Effectiv	e September 1	, 1967			
l	If the same of superphis give some							
	If change of ownership give name and address of previous owner			· · · ·				
II.	DESCRIPTION OF WELL AND	DESCRIPTION OF WELL AND LEASE						
	Lease Name	Well No. Pool Name, Including F		Kind of Lease	- 1 1	Lease No.		
	Antelope Ridge Unit	1 Antelope Ridge	- Morrow Gas	State, Federal or Fee	Federal	NM-021422		
	Location	0 0	1000		Most			
	Unit Letter N; 660	Feet From The South Li	ne and <u>1980</u>	Feet From The	West			
	Line of Section 27 Tox	wnship 23-S Range	34-E , NMPM,	Lea		County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G.	AS	which approved con-	of this form is t	o he sent)		
	Name of Authorized Transporter of Oil or Condensate A Address (Give address to which approved copy of this form is to be sent) Shell Pipe Line Corporation P. O. Box 1598, Hobbs, New Mexico 88240							
	Name of Authorized Transporter of Car		Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Shell 0il Company*		P. O. Box 1509, Midland, Texas 79701					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected	i? When				
		N 97 99 0 2/ 12	Vac	Tanana	E 1067			
	give location of tanks.	N 27 23-S 34-E	Yes		y 5, 1967			
IV	give location of tanks.				*			
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IV.	give location of tanks. If this production is commingled with COMPLETION DATA * South Designate Type of Completion	th that from any other lease or poolern Union Gas Company ta	give commingling order iking gas from Sh	number: ell treating Deepen Plug	plant Back Same Res	'v. Diff. Res'v.		
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Lagrone

Division Production Superintendent

August 24, 1967 (Date)

(Title)

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APPROVED	90 3197.		3

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 Forms C-104 must be filed for each pool in multiply completed wells.