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| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PRORATION OFFICE | |

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

| | |
|---|--|
| I. Operator Shell Oil Company | |
| Address P. O. Box 1858, Roswell, New Mexico 88201 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| Flow Well <input type="checkbox"/> | Reclassification from Blinebry (Gas) to Blinebry (Oil), January 1, 1965 by NMOCC. |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---|----------------------|---|---|
| Lease Name Rinewalt | Well No. 1 | Pool Name, Including Formation Blinebry (Oil) | Kind of Lease State, Federal or Fee Fee |
| Location Unit Letter F ; 2310 Feet From The north Line and 2970 Feet From The east Line of Section 4 , Township 22-S Range 37-E NMPM, Lea County | | | |

**EFFECTIVE JANUARY 31, 1977,
SKELLY OIL COMPANY MERGED
INTO GIFTY OIL COMPANY.**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Co. | Address (Give address to which approved copy of this form is to be sent) Box 1510 - Midland, Texas |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> * Skelly Oil Company | Address (Give address to which approved copy of this form is to be sent) Box 1135 - Eunice, New Mexico |
| If well produces oil or liquids, give location of tanks. Unit F Sec. 4 Twp. 22 Rge. 37 | Is gas actually connected? Yes When January 1, 1965 |

*** Shell Oil Company will take a portion of the Casinghead gas for Gas Lift System.**

IV. COMPLETION DATA

| | |
|--|--|
| Designate Type of Completion - (X) X | Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/> |
| Date xxxx Operation started January 5, 1965 | Date Operation completed January 6, 1965 |
| Pool Blinebry | Name of Producing Formation Blinebry |
| Perforations 5617'-5663' | Total Depth 6607' |
| | Top Oil/Gas Pay 5663' |
| | Tubing Depth 6350' |
| | Depth Casing Shoe 6552' |

| TUBING, CASING, AND CEMENTING RECORD | | | |
|--------------------------------------|----------------------|--------------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 9 5/8" | 1206' | 700 |
| 8 3/4" | 7" | 3608' | 175 |
| 6 1/4" | 5" | 6552' | 250 |

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 January 6, 1965 | Date of Test January 6, 1965 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 | Tubing Pressure 230 psi | Casing Pressure 430 psi | Choke Size 20/64" |
| Actual Prod. During Test 36 | Oil-Bbls. 25 | Water-Bbls. 11 | Gas-MCF 288.5 |

GAS WELL

| | | | |
|----------------------------------|-----------------|-----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size |

VI. 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. A. Lowery
(Signature)

Acting Division Production Superintendent
(Title)

January 12, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____

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 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 Sections I, II, III, and VI only 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.