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LAND OFFICE		
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 1509, Midland, Texas 79701**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of:

Recompletion ☒ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Rinevalt</b>	Well No. <b>4</b>	Pool Name, Including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location				
Unit Letter <b>C</b>	<b>760</b>	Feet From The <b>North</b> Line and <b>1980</b>	Feet From The <b>West</b>	
Line of Section <b>4</b>	Township <b>22S</b>	Range <b>37E</b>	County <b>Lea</b>	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas New Mexico Pipe Line Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1510, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Skelly Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1185, Eunice, New Mexico 88231</b>
If well produces oil or liquids, give location of tanks.	Unit <b>F</b> Sec. <b>4</b> Twp. <b>22S</b> Rge. <b>37E</b>
Is gas actually connected?	When <b>February 15, 1973</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. <b>2-20-73</b>	Total Depth <b>7957</b>	P.B.T.D. <b>6655</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3462 DF</b>	Name of Producing Formation <b>Drinkard</b>	Top Oil/Gas Pay <b>6360</b>	Tubing Depth <b>6335</b>					
Perforations <b>6360-6600</b>	Depth Casing Shoe <b>7750</b>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>17"</b>	<b>13 3/8"</b>	<b>294'</b>	<b>350</b>
<b>11"</b>	<b>8 5/8"</b>	<b>2801'</b>	<b>1300</b>
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>7750'</b>	<b>600</b>

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)

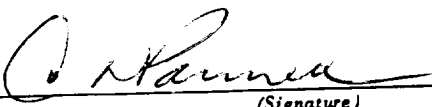
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D <b>1812</b>	Length of Test <b>24 hrs</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) <b>Orifice Meter</b>	Tubing Pressure (shut-in) <b>800</b>	Casing Pressure (shut-in)	Choke Size <b>25/64"</b>

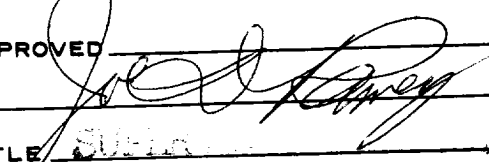
VI. CERTIFICATE OF COMPLIANCE

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.

  
**C. D. Pannell**  
(Signature)  
**Product Accounting Supervisor**  
(Title)  
**March 13, 1973**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY 

TITLE **SUBIN**

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 multi-completed wells.