NO 07 COMIES ARCEI. D				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.		I	<u> </u>	
LAND OFFICE			<u> </u>	
TRANSPORTER	OIL			
	GAS			
OPERATOR				

<u> </u>	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110			
	FILE		AND	Effective 1-1-65			
ı	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS			
ŀ	LAND OFFICE	No Thomas To The					
1	OIL						
	TRANSPORTER GAS						
ŀ	OPERATOR						
.	PRORATION OFFICE						
1.	Operator						
- 1	Shell	Shell Oil Company					
}	Address	ora company					
1		Day 1500 Midland Toys	a 70701				
	Reason(s) for filing (Check proper box)	Box 1509, Midland, Texas	Other (Please explain)				
		Change in Transporter of:	Re-classified f	rom Blinebry (oil) to			
1	New Well		Plinches (Cac)				
<b>\</b>	Recompletion	(#F)					
	Change in Ownership	Casinghead Gas 👗 Conder	nsate				
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	Cormation   Kind of Lease	Lease No.			
Ì	Lease Name	ł !	i				
	Grizzell	6 Blinebry (Gas	) Brinenth organization				
	Location	.1.	420	ant			
	Unit Letter I ; 2200	Feet From The south Lir	ne and 420 Feet From 1	The east			
	<del></del>						
	Line of Section 8 Tow	mship <b>22S</b> Range	37E , NMPM, Lea	County			
m.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS				
	Name of Authorized Transporter of Oil	or Condensate	Andress (Give adaress to which appro-				
	Shell Pipe Line Corp	•	P. O. Box 1598, Hobbs	, New Mexico 83240			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🗶	Address (Give address to which appro				
	El Paso Natural Gas		P. O. Box 1384, Jal,	New Messa 0 88252			
		Unit Sec. Twp. P.ge.	Is gas actually connected? Wh				
	If well produces oil or liquids,	1 8 22s 37E					
	give location of tanks.	<del></del>		70.010			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	PC-218			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.			
	Designate Type of Completic						
	Besignate 1) po or competent	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Date Spudded	Date Compi. Reday to Prod.	Total Depti.				
			Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gus Puy	. and a special			
				Depth Casing Shoe			
	Perforations			Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	THE PART AND PROPERTY TO	OP ALLOWARIE /Tast must be	after recovery of total volume of load oil	and must be equal to or exceed top allow			
V.	TEST DATA AND REQUEST F	able for this d	lepth or be for full 24 hours)				
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)			
	Dale Liter Men Off Harris 10 Lands						
		Tubing Pressure	Casing Pressure	Choke Size			
	Length of Test						
		Oil-Bbls.	Water-Bbls.	Gas-MCF			
	Actual Prod. During Test	OII - Bbis.					
	GAS WELL		Phile Condenses OA/CE	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Granty or Consensate			
			401-0-401	Chake Size			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	]						
<b>.</b>	CERTIFICATE OF COMPLIAN	CF	OIL CONSERV	ATION COMMISSION			
VI.	CERTIFICATE OF COMPLIAN		( )	9 <b>q 1971</b>			
				10/1 19			
	I hereby certify that the rules and	total and also Ail Announced an	APPROVED/	7/			

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Product Accounting Supvr

July 16, 1971

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

RECEIVED

JUL 10 1971 OIL CONSERVATION COMM. NODES, IN IN