

OIL CONSERVATION DIVISION
P. O. BOX 200A
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Shell Western E&P, Inc.		
Address	200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well ☐	Change in Transporter of:	Oil ☐	Dry Gas ☐
Recompletion ☐	Coalinghead Gas ☐	Condensate ☐	
Change in Ownership ☒			

If change of ownership give name and address of previous owner Shell Oil Company, P.O. Box 991, Houston, Texas 77001

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Thomas Long	6	Penrose Skelly Grayburg	State, Federal or Fee	Fee
Location				
Unit Letter <u>K</u>	<u>2310</u>	Feet From The <u>South</u>	Line and <u>1650</u>	Feet From The <u>West</u>
Line of Section <u>11</u>	T. <u>22S.</u>	Range <u>37E</u>	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corporation	P.O. Box 1910, Midland, Texas 79702.
Name of Authorized Transporter of Coalinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Getty Oil Company	P.O. Box 1137, Eunice, New Mexico 88231
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge.
No Change	Is gas actually connected? <u>Yes</u> When <u>NA</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res't.	Drill Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Deviation (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE - (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)

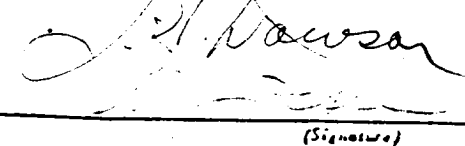
Date First New Oil Ran To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MCF	Gravity of Condensate
Testing Method (pump, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Attorney-in-Fact

(Signature)

(Title)

December 1, 1983 Effective January 1, 1984

(Date)

OIL CONSERVATION DIVISION

FEB 7 1984

APPROVED _____, 12

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 deviate 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 multiple completed wells.