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| SANTA FE           |       |   |  |
| FILE               |       |   |  |
| U.S.G.S.           |       |   |  |
| LAND OFFICE        |       |   |  |
| TRANSPORTER        | OIL   |   |  |
|                    | GAS   |   |  |
| OPERATOR           |       |   |  |
|                    |       |   |  |

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

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

|  | LAND OFFICE  I RANSPORTER OIL  GAS  OPERATOR  | AUTHORIZATION TO TRA   | NSPORT OIL AND NATURAL (   | GAS                                   |  |  |  |
|--|---|--|--|---------------------------------------|--|--|--|
| I.   | Operator Operator   | <u> </u>   |  |                                       |  |  |  |
|  | Shell Oil Company (Western Division) Address  |  |  |                                       |  |  |  |
|  | P. O. Box 1509, Midland, Texas 79701  |  |  |                                       |  |  |  |
|  | Reason(s) for filing (Check proper box)  New Well   | Change in Transporter of:  | Other (Please explain)   |                                       |  |  |  |
|  | Recompletion Change in Ownership  | Oil Dry Ga Casinghead Gas Conden   |  | mber 1. 1967                          |  |  |  |
|  |   | Cushiqueda Gus Condon  | MILECOLVE Depte  |                                       |  |  |  |
|  | If change of ownership give name and address of previous owner  |  |  |                                       |  |  |  |
| II.  | DESCRIPTION OF WELL AND I   | LEASE   Well No.   Pool Name, Including Fo   | ormation   Kind of Leas  | se Lease No.                          |  |  |  |
|  | Antelope Ridge Unit   | 3 Antelope Ridg  |  | ul or Fee Federal LC-071949           |  |  |  |
|  | Location  |  | 1650   | West                                  |  |  |  |
|  | Unit Letter K; 198  | 30 Feet From The South Lin   |  | Ine                                   |  |  |  |
|  | Line of Section 3- Tow  | mship 23-S Range   | <b>34-E</b> , NMPM,  | Lea County                            |  |  |  |
| III.   | DESIGNATION OF TRANSPORT  |  | S Address (Give address to which appro   | aved copy of this form is to be sent) |  |  |  |
|  | Shell Pipe Line Corpora   | ation  | P. O. Box 1598, Hobbs,   | New Mexico 88240                      |  |  |  |
|  | Name of Authorized Transporter of Cas   | Inghead Gas 🔲 or Dry Gas 🔀   | Address (Give address to which appropriate P. O. Box 1509, Midlan  |                                       |  |  |  |
|  | Shell Oil Company*  If well produces oil or liquids,  | Unit Sec. Twp. Rge.  |  | nen                                   |  |  |  |
|  | give location of tanks.   | N 27 23-S 34-E   | Yes  | December 9, 1964                      |  |  |  |
| IV.  | If this production is commingled wit COMPLETION DATA *Souther   | h that from any other lease or pool, rn Union Gas Company tak  | give commingling order number:<br>ing gas from Shell trea  | ting plant.                           |  |  |  |
|  | Designate Type of Completio   | Oil Well Gas Well  | New Well Workover Deepen   | Plug Back   Same Resty. Diff. Resty.  |  |  |  |
|  | Date Spudded  | Date Compl. Ready to Prod.   | Total Depth  | P.B.T.D.                              |  |  |  |
|  | Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation  | Top Oil/Gas Pay  | Tubing Depth                          |  |  |  |
|  | Lievations (DP, RRB, RT, GR, etc.)  | Name of Fronzensy Formation  |  |                                       |  |  |  |
|  | Perforations  |  |  | Depth Casing Shoe                     |  |  |  |
|  |   | TUBING, CASING, AND  | CEMENTING RECORD   |                                       |  |  |  |
|  | HOLE SIZE   | CASING & TUBING SIZE   | DEPTH SET  | SACKS CEMENT                          |  |  |  |
|  |   |  |  |                                       |  |  |  |
|  |   |  |  |                                       |  |  |  |
| v.   | TEST DATA AND REQUEST FO  | 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 allow- |  |                                       |  |  |  |
|  | OII. WELL  able 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.) |  |  |                                       |  |  |  |
|  | the distribution of the same  | Tubing Pressure  | Casing Pressure  | Choke Size                            |  |  |  |
|  | Length of Test  | I uptild Liassome  |  |                                       |  |  |  |
|  | Actual Prod. During Test  | Oil-Bbls.  | Water - Bbls.  | Gas-MCF                               |  |  |  |
|  |   |  | <u> </u>   |                                       |  |  |  |
|  | GAS WELL Actual Prod. Test-MCF/D  | Length of Test   | Bbls. Condensate/MMCF  | Gravity of Condensate                 |  |  |  |
|  | Actual Float Foot Mosty   |  |  |                                       |  |  |  |
|  | Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)  | Casing Pressure (Shut-in)  | Choke Size                            |  |  |  |
| VI.  | CERTIFICATE OF COMPLIANO  | CE   | OIL CONSERV  | ATION COMMISSION                      |  |  |  |
|  |   |  | APPROVED, 19   |                                       |  |  |  |
| 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. |   | BY   |  |                                       |  |  |  |
| Division Production Superintendent  (Title)  August 24, 1967 (Date)  |   |  |  |                                       |  |  |  |
|  |   |  | 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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition |  |
|  |   |  |  |                                       |  | ' 1  |  |

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| DISTRIBUTION   | . EW MEXICO OIL   | CONSERVATION COMMISSIN  | Form C-104                                    |  |
| SANTA FE   | REQUEST   | FOR ALLOWABLE   | Supersedes Old C-104 and C-1 Effective 1-1-65 |  |
| U.S.G.S.   | ALITHOPIZATION TO TR  | AND   | · A C   |  |
| LAND OFFICE  | AUTHORIZATION TO TR   | ANSPORT OIL AND NATURAL (   | 767   |  |
| TRANSPORTER GAS  |   |   |   |  |
| OPERATOR   |   |   |   |  |
| Operator Operator  |   |   |   |  |
| Shell Oil Company  | (Western Division)  |   |   |  |
| P. O. Box 1509, Mic<br>Reason(s) for filing (Check proper b  | iland, Texas 79701  | Other (Please explain)  |   |  |
| New Well   | Change in Transporter of:   |   |   |  |
| Recompletion Change in Ownership   | Oil Dry G  Casinghead Gas Conde   | <del>                                     </del>  | 4045  |  |
| Change in Ownership  | Custingneda Gus Conde   | Effective May 1,  | 1967  |  |
| If change of ownership give name and address of previous owner                                     |   |   |   |  |
| DESCRIPTION OF WELL AN   | D LEASE  Well No. Pool Name, Including F                                      | Formation   Kind of Lease   | Lease No.                                     |  |
| Antelope Ridge Unit  | 3 Antelone Ride   | State, Federa   | l or Fee Foderal I.C-0719/                    |  |
| Location Location  | 3   Antelope Ridg   | 94 - 1/8 VOLLERI)   | ***************************************       |  |
| Unit Letter <u>K</u> ; <u>19</u>   | 180 Feet From The south Li  | ne and1650 Feet From "  | The west                                      |  |
| Line of Section 34   | Township 23-S Range   | 34-E , NMPM, L  | ea County                                     |  |
| DESIGNATION OF TRANSPO   | RTER OF OIL AND NATURAL G   | AS  |   |  |
| Name of Authorized Transporter of C  | Oil or Condensate 💂   | Address (Give address to which approx   | wed copy of this form is to be sent)          |  |
| Shell Pipe Line Corpo<br>Famarias 011 and Refi<br>Name of Authorized Transporter of                | oration and   | P. O. Box 1598, Hobbs,<br>P. O. Box 980, Hobbs<br>Address (Give address to which approx | New Mexico 88240                              |  |
|  | Casinghead Gas Cr Dry Gas   |   |   |  |
| Shell Oil Company *  If well produces oil or liquids,  | Unit Sec. Twp. Ege.   | Is gas actually connected? Midlen   | d, Texas 79701                                |  |
| give location of tanks.  | N 27 23S 34E  | Yes   | December 9, 1964                              |  |
| If this production is commingled   | with that from any other lease or pool,                                       | give commingling order number:  |   |  |
| COMPLETION DATA * Sou  | thern Union Cas Company t   | aking gas from Shell tre  | a Flug Book Some Restv. Diff. Restv           |  |
| Designate Type of Comple   | tion = (X)  |   |   |  |
| Date Spudded   | Date Compl. Ready to Prod.  | Total Depth   | P.B.T.D.                                      |  |
| Elevations (DF, RKB, RT, GR, etc.  | , Name of Producing Formation   | Top Oil/Gas Pay   | Tubing Depth                                  |  |
|  |   | <u> </u>  | D. A. Contra Chan                             |  |
| Perforations   |   |   | Depth Casing Shoe                             |  |
|  | TUBING, CASING, AN  | D CEMENTING RECORD  |   |  |
| HOLE SIZE  | CASING & TUBING SIZE  | DEPTH SET   | SACKS CEMENT                                  |  |
|  |   |   |   |  |
|  |   |   |   |  |
|  |   |   |   |  |
| TEST DATA AND REQUEST  |   | after recovery of total volume of load oil  | and must be equal to or exceed top allow      |  |
| Oll. WELL Date First New Oil Run To Tanks  | Date of Test  | epth or be for full 24 hours)  Producing Method (Flow, pump, gas li                     | ft, etc.)                                     |  |
| But I have the work that the training  |   |   |   |  |
| 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  | Length of Test  | Bbls. Condensate/MMCF   | Gravity of Condensate                         |  |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in )  | Casing Pressure (Shut-in)   | Choke Size                                    |  |
|  | NOR   | OIL MAISERNA  | TION COMMISSION                               |  |
| CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation |   | UITCONSERVA   | CITOIA COMMISSION                             |  |
|  |   | APPROVED  | , 19  |  |
| Commission have been complied  | i with and that the information given<br>the best of my knowledge and belief. |   |   |  |
| above is time and complete to  | Dan d. ml winguingen and porton   |   |   |  |

TITLE .

Original Signed By K. W. LAGRONE Lagrone (Signature) Division Production Superintendent (Title) May 5, 1967 (Date)

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.

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