

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. 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)			
New Well	☐	Change in Transporter of:	Other (Please explain)
Recompletion	☐	Oil ☐	Dry Gas ☐
Change in Ownership	☒	Coalinghead Gas ☐	Condensate ☐
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	Antelope Ridge Unit	Well No.	1	Pool Name, including Formation	Salt Water Disposal	Kind of Lease	State, Federal or Fee	Lease No.
Location								
Unit Letter	G	: 1980	Feet From The	North	Line and	1980	Feet From The	East
Line of Section	22	Township	23S	Range	34E	North 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)
Name of Authorized Transporter of Coalinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit: No Change
Is gas actually connected?	Yes
When	NA

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	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Evolution (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 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	Length of Test	Dble. Condensate/MCF	Gravity of Condensate
Testing Method (first, 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.

(Signature)

Attorney-in-Fact

(Title)

December 1, 1983 Effective January 1, 1984

(Date)

OIL CONSERVATION DIVISION

FEB 7 1984

APPROVED _____, 1984

BY _____

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

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 deviated 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 change 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.

RECEIVED

JAN 19 1984

C.C.D.
HOESS OFFICE