

OIL CONSERVATION DIVISION

P. O. BOX 2084

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. PRODUCTION OFFICE

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: Oil ☐ Dry Gas ☐
Recompletion ☐ Cast-in-head Gas ☐ Condensate ☐
Change in Ownership ☒ Other (Please explain)

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

Lessee Name: Antelope Ridge Unit Well No.: 8 Pool Name, including Formation: Antelope Ridge Atoka Kind of Lease: Federal Lease No.:
Location: Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East
Line of Section 28 Township 23S Range 34E NMPM Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Shell Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79702
Name of Authorized Transporter of Cast-in-head Gas ☐ or Dry Gas ☒ Shell Western E&P, Inc. Address (Give address to which approved copy of this form is to be sent) P.O. Box 991, Houston, TX 77001
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.
Elevations (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 - 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 Length of Test Bbls. Condensate/MCF Gravity of Condensate
Testing Method (pilot, 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

APPROVED FEB 7 1984

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE 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.