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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

JUL 3 11 33 AM '66

I. Operator
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:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
Other (Please explain)
From The Permian Corporation to
Shell Pipe Line Corporation

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name
Antelope Ridge Unit
Well No.
2
Pool Name, including Formation
Antelope Ridge (Devonian)
Kind of Lease
State, Federal or Fee
Federal
Lease No.
NM-021422
Location
Unit Letter
B
Feet From The
660
north
Line and
1650
Feet From The
east
Line of Section
4
Township
24S
Range
34E
NMPM,
Lea
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Shell Pipe Line Corporation
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1598, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Shell Oil Company *
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1509, Midland, Texas 79701
If well produces oil or liquids,
give location of tanks.
Unit
B
Sec.
4
Twp.
24S
Rge.
34E
Is gas actually connected?
Yes
When
April 24, 1965

*Southern Union Gas taking gas from Shell Treating Plant
If this production is commingled with that from any other lease or pool, give commingling order number:
PLC-19

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well
Gas Well
New Well
Workover
Deepen
Plug Back
Same Rest'v.
Diff. Rest'v.
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
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/MMCF
Gravity of Condensate
Testing Method (pitot, back pr.)
Tubing Pressure (shut-in)
Casing Pressure (shut-in)
Choke Size

VI. CERTIFICATE OF COMPLIANCE
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.
Original Signed By
N. L. Tomberlin
(Signature)
Acting Division Production Superintendent
(Title)
July 6, 1966
(Date)
OIL CONSERVATION COMMISSION
APPROVED
BY Leslie A. Clements
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.