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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

I. Operator
Shell Oil Company

Address
P. O. Box 1509, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Antelope Ridge Unit	Well No. 4	Pool Name, including Formation Antelope Ridge Morrow	Kind of Lease State, Federal or Fee Federal	Lease No.
Location				
Unit Letter B ; 990 Feet From The North Line and 2310 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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipe Line	Box 1598, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Southern Union Gas Co. Shell Oil Co.	Fidelity Union Tower Bldg., Dallas, Tex 75201					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 4	Twp. 24S	Rge. 34E	Is gas actually connected? Yes	When 2/9/73

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X			X			X
Date Spudded Deepen 10-6-72	Date Compl. Ready to Prod. 1-24-73		Total Depth 13,320		P.B.T.D. 13,231			
Elevations (DF, RKB, RT, GR, etc.) 3562 DF	Name of Producing Formation Morrow		Top Oil/Gas Pay 12759		Tubing Depth 11,296			
Perforations 12,759-13,208					Depth Casing Shoe 12,005			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	11 3/4"		815'		530 sx			
11"	8 5/8"		5167'		400 sx			
7 7/8"	5 1/2"		12005'		500 sx			
4 3/4"	3 1/2" Liner		11,296-13,310		150 sx			

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 627	Length of Test 24 hrs	Bbls. Condensate/MMCF 14	Gravity of Condensate 55.1
Testing Method (pitot, back pr.) Orifice Meter	Tubing Pressure (shut-in) 600	Casing Pressure (shut-in)	Choke Size 1"

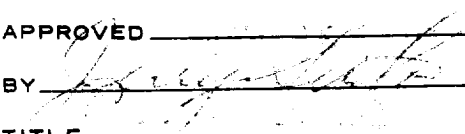
VI. CERTIFICATE OF COMPLIANCE

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.

 **C. D. Pannell**
(Signature)
Production Accounting Supervisor
(Title)
March 15, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY  _____

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.