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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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. <b>Shell Oil Company</b>	
Address: <b>P. O. Box 1858, Roswell, New Mexico 88201</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Existing Well <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in ownership <input type="checkbox"/>	Casinghead 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 <b>14-08-0001-8492</b>	
Lease Name <b>Antelope Ridge Unit</b>	Well No., Well Name, Including Formation <b>4-2 Antelope Ridge <del>Pennsylvanian</del></b>
Kind of Lease State, Federal or Fee <b>Federal</b>	
Location Unit Letter <b>B</b> , <b>990</b> Feet From The <b>north</b> Line and <b>2310</b> Feet From The <b>east</b>	
Line of Section <b>4</b> , Township <b>24-S</b> Range <b>34-E</b> , NMPM, <b>Lea</b> 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)		
<b>The Permian Corporation</b>		<b>P. O. Box 3119, Midland, Texas 79701</b>		
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)		
<b>Shell Oil Company</b>		<b>P. O. Box 1858, Roswell, New Mexico 88201</b>		
If well produces oil or liquids, give number of tanks	Unit	Sec.	Twp.	Range
	<b>B</b>	<b>4</b>	<b>24S</b>	<b>34E</b>
Is gas actually connected?		When		
<b>No</b>				

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen
				Plug Back
				Same Res'v.
				Diff. Res'v.
Date completed <b>December 8, 1964</b>	Date Compl. Ready to Prod. <b>February 1, 1965</b>	Total Depth <b>12,375'</b>	P.B.T.D. <b>-</b>	
Name of Producing Formation <b>Antelope Ridge Pennsylvanian Upper Pennsylvanian</b>		Top of Gas Pay <b>11,903'</b>	Tubing Depth <b>11,865'</b>	
Casinghead Gas <b>4" liner slotted 12,212' - 12,341'</b>		Depth Casing Shoe <b>12,005'</b>		
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
<b>15"</b>	<b>11 3/4"</b>	<b>815'</b>		<b>530</b>
<b>11"</b>	<b>8 5/8"</b>	<b>5167'</b>		<b>400</b>
<b>7 7/8"</b>	<b>5 1/2"</b>	<b>12,005'</b>		<b>500</b>
<b>4 3/4"</b>	<b>4" liner</b>	<b>11,923' - 12,375'</b>		

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 From 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-MMCF

GAS WELL			
Actual Prod. Test-MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<b>30,000</b>	<b>24 hours</b>	<b>26.5</b>	<b>57.5°</b>
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
<b>Back pressure</b>	<b>3717 psi</b>	<b>Packer</b>	<b>19/64"</b>

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19 _____	
Original Signed By <b>R. A. LOWERY</b> <i>(Signature)</i> <b>Division Production Superintendent</b> <i>(Title)</i> <b>February 15, 1965</b> <i>(Date)</i>		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 Sections I, II, III, and VI only 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.	