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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-1
Effective 1-1-65

Operator Shell Oil Company	
Address P. O. Box 991, Houston, Texas 77001	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <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

Lease Name Antelope Ridge Unit	Well No. 6	Pool Name, including Formation Atoka/Morrow	Kind of Lease State, Federal or Fee	Lease No. A-6274
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>E</u> Line of Section <u>3</u> Township <u>24S</u> Range <u>34E</u> , 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	P. O. 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)
Shell Oil Company	P. O. Box 991, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>27</u> Twp. <u>23S</u> Rge. <u>34E</u>
Is gas actually connected?	When <u>12/26/79</u>

If this production is commingled with that from any other lease or pool, give commingling order number: No

V. 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					
Date Spudded 5-14-79	Date Compl. Ready to Prod. 12-26-79	Total Depth 13,758'	P.B.T.D. 13,643'					
Elevations (DF, RKB, RT, GR, etc.) 3499'	Name of Producing Formation Morrow	Top Oil/Gas Pay 13,216	Tubing Depth 13,100'					
Perforations From 13,216' to 13,643'			Depth Casing Shoe 13758					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
6 1/2"	5 1/2" 2 7/8"	13,758' 13,100'	380 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 7011	Length of Test 4 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) 4 point	Tubing Pressure (Shut-in) 5160	Casing Pressure (Shut-in) Packer	Choke Size 32/64

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.

A. J. Fore A. J. Fore
(Signature)
Senior Engrg. Tech.
(Title)
12/26/79
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 31 1979, 19
BY James L. Fore
TITLE SUPERVISOR DISTRICT 4

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.