

OIL CONSERVATION DIVISION

P. O. BOX 200A

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78**ILLEGIBLE**REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
Shell Western E&P, Inc.	
Address 200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001	
Location(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Coolinghead Gas ☐ Condensate ☐
Recompletion ☐	Other (Please explain)
Change in Ownership ☒	
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

Lease Name Langlie Mattix Unit No. 1	Well No. 6	Pool Name, including Formation Langlie Mattix 7 Rvrs 0 GB	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East	Line of Section 23	Township 24S	Range 37E	County Lea

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 Coolinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79978
If well produces oil or liquids, give location of tanks: Unit Sec. Top Age No Change	Is gas actually connected? When Yes NA

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Drill Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Equipment (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			

IV. 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 Tank	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 (pump, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size

V. 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.

Attorney-in-Fact

December 1, 1983 Effective January 1, 1984

OIL CONSERVATION DIVISION

APPROVED

FEB 7 1984

BY

ORIGINAL SIGNED BY JERRY SEXTON

TITLE

DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviate 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 multiple completed wells.

RECEIVED
JAN 19 1984
O.C.D.
HOBBY OFFICE

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