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U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL
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OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-13-
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
JUL 13 12 36 PM '65

I. **Owner**
Shell Oil Company
Address
P. O. Box 1858, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐
Changing Location ☐ Casinghead Gas ☐ Condensate ☐
Change in ownership ☐
Other (Please explain)
Change in Pool Designation from North Justis Tubb/Drinkard to Justis Tubb/Drinkard as per NMOCC Order No. R-2923
If change of ownership give name and address of previous owner

II. **DESCRIPTION OF WELL AND LEASE**
Lease Name State JP **Well No.** 1 **Pool Name, including Formation** Justis Tubb/Drinkard **Kind of Lease** State, Federal or Free **State** State
Location
Section **C** **330** Feet From The **north** Line in **2310** Feet From The **west** Line of Section **2** Township **25S** Range **37E** NMPM, **Lea** County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ **or Condensate** ☐
Texas-New Mexico Pipe Line Company **Address (Give address to which approved copy of this form is to be sent)** P. O. Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead 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 1384, J.L., New Mexico 88252
Is well producing oil or liquids, give location of tanks. **Unit** B **Sec.** 2 **Twp.** 25S **Rge.** 37E **Is gas actually connected?** Yes **When** September 19, 1962

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't	Diff. Res't
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	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	Casing Pressure	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 S. B. Deal **S. B. Deal**
(Signature)
Division Production Superintendent
(Title)
July 9, 1965
(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 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.