

**I.**

PRORATION OFFICE			
Operator Shelly Oil Company			
Address P.O. Box 100 - Miami - New Mexico 88040			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Change of lease name (File  <b>State "Y" Well #2</b> <b>effective June 1, 1969</b>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner Pan American Petroleum Corp., P. O. Box 68, Hobbs, New Mexico 88240

## II. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE				Lease No.
Lease Name <u>WELL 11111111</u>	Well No. <u>52</u>	Pool Name, Including Formation <u>Oil Field, Oil-Drifts</u>	Kind of Lease State, Federal or Fee <u>State</u>	<u>B-9613</u>
Location				
Unit Letter <u>E</u> ; <u>660</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>North</u>				
Line of Section <u>32</u> Township <u>24S</u> Range <u>38E</u> , NMPM, <u>111</u> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
Texas-Jen Harrell Pipeline Company				P. O. Box 1501 - Midland, Texas 79701		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company				P. O. Box 1692 - El Paso, Texas 79905		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	32	24S	38E	Yes	

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

#### IV. COMPLETION DATA

7. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, 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		

**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)

TEST DATA AND REQUEST FOR OIL WELL		Producing Method (Flow, pump, gas lift, etc.)	
Date First New (		Casing Pressure	Choke Size
Length of Test		Water - Bbls.	Gas - MCF
Actual Prod. Duri			

## GAS WELL

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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) V. E. FLETCHER

(Signature)

113-6 255 (Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Joe A. Pamez  
TITLE \_\_\_\_\_

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

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.