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| TRANSPORTER      | OIL |
|                  | GAS |
| OPERATOR         |     |
| PRORATION OFFICE |     |

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

I. Operator  
SHELL WESTERN E&P INC.  
Address  
200 NORTH DAIRY ASHFORD, P. O. BOX 991, HOUSTON, TEXAS 77001  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☒ Other (Please explain)  
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<br>BLACK <i>Wells</i>  | Well No.<br>1 | Pool Name, Including Formation<br>LANGLIE MATTIX | Kind of Lease<br>XXXXXXXXXX Fee | Lease No. |
| Location<br>Unit Letter 0 ; 1200 Feet From The SOUTH Line and 2320 Feet From The EAST<br>Line of Section 21 Township 24-S Range 37-E , NMPM, LEA County |               |  |                                 |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TEMPORARILY ABANDONED (WATER SOURCE WELL)

|   |  |      |      |      |                            |      |
|---|--|------|------|------|----------------------------|------|
| 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) |      |      |      |                            |      |
| 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) |      |      |      |                            |      |
| If well produces oil or liquids, give location of tanks.  | Unit   | Sec. | Twp. | Rge. | Is gas actually connected? | When |

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'ty. | Diff. Res'ty. |
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |              |               |
| Elevations (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      |           |              |               |
|                                      |                             |          |                 |          |                   |           |              |               |
|                                      |                             |          |                 |          |                   |           |              |               |
|                                      |                             |          |                 |          |                   |           |              |               |

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 all able 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 (pilot, 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.

*[Signature]*  
(Signature)

ATTORNEY-IN-FACT

(Title)

DECEMBER 1, 1983 effective JANUARY 1, 1984  
(Date)

OIL CONSERVATION COMMISSION

FEB 7 1984

APPROVED \_\_\_\_\_, 19\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

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 device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

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

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