

BY STATE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
SHELL OIL COMPANY

Address
P. O. BOX 991, HOUSTON, TEXAS 77001

Reason(s) for filing (Check proper box)
New Well ☐ Change In Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☒

Other (Please explain)
**RECLASSIFY FROM AN OIL WELL TO GAS WELL.
EFFECTIVE SEPTEMBER 1, 1982**

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name STATE	Well No. 1-Y	Pool Name, including Formation JALMAT	Kind of Lease State, XXXXXX	Lease No. B-10709
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Location
Unit Letter **D** : **380** Feet From The **NORTH** Line and **380** Feet From The **WEST**
Line of Section **36** Township **24-S** Range **36-E** , NMPM, **1EA** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> SHELL PIPE LINE 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 Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 862, HOBBS, NEW MEXICO 88240
If well produces oil or liquids, give location of tanks. Unit D Sec. 36 Twp. 24-S Rge. 36-E	Is gas actually connected? YES When N/A (SEPARATELY METERED)

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

COMPLETION DATA

Designate Type of Completion - (X) X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-25-53	Date Compl. Ready to Prod. 2-24-53	Total Depth 2942'	P.B.T.D. 2844'					
Elevations (DF, RKB, RT, GR, etc.) 3281' DF	Name of Producing Formation YATES	Top Oil/Gas Pay 2636'	Tubing Depth 2795'					
Perforations 2636' - 2844' (OPEN HOLE)			Depth Casing Shoe ---					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4"	13-3/8" (48#)	72'	60 SX
12-1/4"	8-5/8" (32#)	1195'	750 SX
7-7/8"	5-1/2" (15.5#)	2636'	360 SX

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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

A. J. Fore
(Signature)
A. J. FORE
SUPERVISOR REGULATORY AND PERMITTING
(Title)
AUGUST 23, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 6 1982**, 19____

BY **JERRY SHULTON**
ORIGINAL FILED BY
TITLE **RECLASSIFICATION**

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.

Separate Forms C-104 must be filed for each pool in multiple recompleted wells.