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SANTA FE		CONSERVATION COMMISSION	Form C-104
FILE		T FOR ALLOWABLE	Supersedes Old C-104 and C Effective 1-1-65
	+	AND RANSPORT DIE AND NATURA	ii. 6.
U.S.G.S.	AUTHORIZATION TO TE	RANSPORT OUE AND NATURA	_ GAS
LAND OFFICE		11 55 1	1 '66
TRANSPORTER OIL		Elements.	• • •
GAS	+		•
OPERATOR	 	N. A. C.	
PRORATION OFFICE Operator	<u> </u>		
Shell Oil Company (Western Division)		
Address P. 0. Box 1509, Mid	Lland, Texas 79701		
Reason(s) for filing (Check prope	er box)	Other (Please explain)	
New Well	Change in Transporter of:	Change in Le	ase Name.
Recompletion	Oil Dry	Gas From: Stat	e A #1 2
Change in Ownership	Casinghead Gas Cond	densate To: Stat	***,
If change of ownership give na and address of previous owner			
DESCRIPTION OF WELL A	ND LEASE Well No. Pool 1	Jame, Including Formation	Kind of Lease B-10709
State	ly Jal	mat (Oil) Yates	State, Federal or Fee State
Location			Doace
Unit Letter;	380 Feet From The north	ine and 380 Feet Fro	m The west
Line of Section 36	, Township 24S Range	36k , nmpm,	Lea County
Mame of Authorized Transporter of Texas-New Mexico Pi Name of Authorized Transporter of El Paso Natural Gas	pe Line Company of Casinghead Gas X or Dry Gas	P. O. Box 1510, Midla Address (Give address to which ap	proved copy of this form is to be sent)
Ií well produces oil or liquids,	Unit Sec. Twp. Rge.		When
give location of tanks.	D 36 248 36E		March 1963
COMPLETION DATA	Oil Well Gas Weli	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
Designate Type of Comp		New West Workdyer Deepen	Flug Buck Same Res-V. Dill. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date compilitionary to From	Total Boptin	P.B.1.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Doub
F001	Name of Producing Pointation	Top On/Gds Pdy	Tubing Depth
Perforations			
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	4	i	
MEGON BARE 4415			
TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be	after recovery of total volume of load of	oil and must be equal to or exceed top allo
	T FOR ALLOWABLE (Test must be able for this c	after recovery of total volume of load of lepth or be for full 24 hours)	il and must be equal to or exceed top allo
	able for this c	after recovery of total volume of load of lepth or be for full 24 hours) Producing Method (Flow, pump, gas	
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OIL WELL Date First New Oil Run To Tank: Length of Test	able for this o	Producing Method (Flow, pump, gas Casing Pressure	lift, etc.) Choke Size
OIL WELL Date First New Oil Run To Tank	able for this o	lepth or be for full 24 hours) Producing Method (Flow, pump, gas	lift, etc.)
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OIL WELL Date First New Oil Run To Tank: Length of Test Actual Prod. During Test	able for this o	Producing Method (Flow, pump, gas Casing Pressure	lift, etc.) Choke Size
OIL WELL Date First New Oil Run To Tank: Length of Test	able for this o	Producing Method (Flow, pump, gas Casing Pressure	lift, etc.) Choke Size

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Ori	gins	ı	Signed	Ву
K.	W.	L	AGRO	NE

K. W. Lagrone

(Signature)

Division Production Superintendent

Tubing Pressure

(Title)

September 8, 1966

(Date)

OIL CONSERVATION COMMISSION

Choke Size

Casing Pressure

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APPROVED						, 19
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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.

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VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

GAS WELL
Actual Prod. Test-MCF/D

OIL CONSERVATION COMMISSION

Bbls. Condensate/MMCF

Casing Pressure

TITLE

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 belieff

Length of Test

Tubing Pressure

. 19 -APPROVED

Gravity of Condensate

Choke Size

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

Division Production Superintendent

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.

(Title) September 22, 1965 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.