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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-110
Effective 1-1-65

I. Operator
Address Shell Oil Company
P. O. Box 1509 Midland, Texas 79701
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State B Com</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Widcar</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-1167</u>
Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1880</u> Feet From The <u>West</u> Line of Section <u>36</u> Township <u>24S</u> Range <u>36E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Shell Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1910, Midland, TX 79702</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1384, Jal, New Mexico</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>36</u>	Twp. <u>24S</u>	Rge. <u>36E</u>	Is gas actually connected? <u>Yes</u>	When <u>4-15-75</u>

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'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. <u>4-15-75</u>		Total Depth <u>12,966</u>		P.B.T.D. <u>9945</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3825' DF</u>	Name of Producing Formation <u>Devonian</u>		Top Oil/Gas Pay <u>9839</u>		Tubing Depth <u>9695</u>			
Perforations <u>9843, 9844, 9845, 9846, 9847</u>					Depth Casing Shoe <u>12,965</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8"</u>		<u>1220'</u>		<u>800 SX</u>			
<u>12 1/4"</u>	<u>9 5/8"</u>		<u>4088'</u>		<u>1500 SX</u>			
<u>8 3/4"</u>	<u>5 1/2"</u>		<u>12,965'</u>		<u>610 SX</u>			

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 <u>2,000</u>	Length of Test <u>24 hours</u>	Bbls. Condensate/MMCF <u>58</u>	Gravity of Condensate <u>57.3 @ 60°</u>
Testing Method (pitot, back pr.) <u>meter</u>	Tubing Pressure (shut-in) <u>FTP 400</u>	Casing Pressure (shut-in)	Choke Size <u>1"</u>

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.

A. Ramirez
(Signature)
Supervisor Oil Accounting
(Title)
3-1-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 5 1979, 19_____
BY John Runyan
TITLE Geologist

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 multiply completed wells.