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DISTRIBUTIO		<u> </u>					
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U.Ş.G.S.							
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TRANSPORTER	OIL	<u> </u>					
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PRORATION OF	1	1					

EW MEXICO OIL CONSERVATION COMMISS

Form C-104	
Supersedes Old C-104 and	C-IIC
Effective 1-1-55	

SANTAFE	REQUEST FO	Effective 1-1-95					
FILE		AND SPORT OIL AND NATURAL C	BAS				
U.S.G.S.	AUTHORIZATION TO THE						
TRANSPORTER OIL							
SAS							
PEDRATION OFFICE							
Operator							
Shell Oil Company							
P. O. Box 1509, Midland,	Texas 79701	Other (Please explain)					
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Lienze extramy					
New Well	Oil Dry Gas						
Recompletion A Change in Ownership	Casinghead Gas Condens	ate	-				
If change of ownership give name							
and address of previous owner		-3081	2				
I. DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	region Kind of Leas	se Lease No.				
Lease Name	Well No. Pool Name, including to	State, Feder	cal or Fee State B-1167				
State B Com	1 0.22		West				
Unit Letter C 66	O Feet From The North Line	and 1880 Feet From	The WEST				
26	chin 24S Range 3	36E , NMPM,	Lea County				
Line of Section 36 Town	ship Zio Runga						
II. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S	roved copy of this form is to be sent)				
Name of Authorized Transporter of Oth (P. O. Box 980, Hobbs,	New Mexico 88240				
Famariss Oil & Refining	nghead Gas 🔯 or Dry Gas 🗀	Address (Give address to which app	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Comp	any	P. O. Box 1384, Jal, New Mexico Is gas actually connected? When					
If well produces oil or liquids,	Unit Sec. Twp. Rge. C 36 24S 36E	Yes	4-15-75				
give location of tanks. If this production is commingled with		<u> </u>					
If this production is commingled with IV. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
Designate Type of Completion	Oll Well	X X	X X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Р.В.Т.D. 9945				
	4-15-75	12,966 Top Oil/Gas Pay	Tubing-Depth				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Devonian	9839	9695				
3825 DF	Devoirian		Depth Casing Shoe 12,965†				
9843, 9844, 9845, 9846,	9847						
	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT .				
HOLE SIZE	13 3/8"	1220'	800 Sx 1500 Sx				
12 1/4"	9 5/8"	4088'	610 Sx				
8 3/4"	5 1/2"	12,963					
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top allow				
OH. WELL	able for this d	lepth or be for full 24 hours) Producing Method (Flow, pump, ga-					
Date First New Oil Run To Tanks	Date of Leer						
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	70.5	Water-Bbis.	Gas-MCF				
Actual Prod. During Test	Oll-Bals.						
GAS WELL	Length of Test	Bbls. Condensets/MMCF	Gravity of Condensate				
Actual Prod. Test-MCF/D	Length of lest	58	57.3 @ 60°				
2,000 Teating Mathed (pitot, back pr.)	Tubing Pressure (Shut-in)	Coaing Pressure (Shut-in)	Choke Size				
Meter	FTP 400	OT CONSES	ZVATION COMMISSION				
VI. CERTIFICATE OF COMPLIAN	CE	MI CONSE	14/57				
المستم والمرافية والمراور والم	regulations of the Oil Conservation with and that the information give	DEVORGEA I	19				
I hereby certify that the fules and Commission have been complied	with and that the information give as best of my knowledge and belief	n ey Ye	Thomas				
above is true and complete to tr	, July of the state of the stat	TIPE TO	LOCI I				
•		mile feem in to be filed	THE This form is to be filed in compliance with RULE 1104.				
Mutarisi	N. W. <u>Harriso</u>		The second of th				
	mature)	well, this form must be acco	accordance with RULE 111.				
Staff Production	Fngineer	All sections of this form must be filled out completely for allowed and recompleted wells.					

(Ticle)

4-28-75

All sections of this form must be fi-able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner wall name or number, or transported or other such change of condition Separate Forms C-104 must be filled for each pool in multiple completed wells.

			_
NO. OF COPIES RECI	į		
DISTRIBUTIO			
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

	U.S.G.S.		_ AL	JTHOR12	ZATION	N TO TRA	NSPORT	OIL AND N	IATURAL (SAS		
	TRANSPORTER GAS CORRECTED COPY											
	OPERATOR		_									
1.	PRORATION OFFICE									····		
	Operator	_	477			•						
	Shell Cil	Company	(Weste	rn Div	1810n							
	Address	_			_							
	Post Offic	e box 1	509, MI	dland,	Texa	s 79701	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	Reason(s) for filing (Che	ck proper bo						Other (Please	explain)	ame from S	itata i	R_36
	New Well		Cha	nge in Tra	nsporter	of:						3-30
	Recompletion		Oil		Щ	Dry Ga	⁵ ⊣∣	Com. #1	to state	B Com. #1	L	
	Change in Ownership		Cas	inghead G	as 📗	Conden	sate					
	Tf change of compachin	-1										
	If change of ownership and address of previous											
	·											
II.	DESCRIPTION OF W	ELL AND	LEASE									
	Lease Name		Wel	l No. Poo	ol Name, I	Including Fo	ormation		Kind of Leas			
	State B Com.		1	Cu	ster	(Ellenb	urger)		State, Federa	lor Fee Sta	ite	B-1167
	Location											·
	Unit Letter C	: 6	60 Fee	t From Th	e Nor	th Lin	e and	1880	Feet From	The West		
									_			
	Line of Section 3	6 т	ownship	24-S	}	Range	36-E	, NMPM,		Lea		County
III.	DESIGNATION OF T	RANSPOR	RTER OF	OIL AN	D NAT	URAL GA						
	Name of Authorized Tran	sporter of O	11 🗀	or Conde	nsate 🗶		Address (Give address t	o which appro	ved copy of this	form is to	be sent)
	Famariss Oil &	Refini	ng Comp	any, I	nc.		P.O. I	3ox 980,	Hobbs, No	ew Mexico	88240	
	'Name of Authorized Tran	sporter of C	asingh s ad G	as 🗌	or Dry G	Gas 🌋	Address (Give address t	o which appro	ved copy of this	form is to	o be sent)
	El Paso Natura	1 Gas C	ompany				P.O. I	30x 1384,	Jal, Ne	w Mexico		
	If well produces oil or lic		Unit	Sec.	Twp.	Rge.	Is gas act	ually connecte	d? Wh	en		
	give location of tanks.	•	C	36	24-S	36-E	Ye	28		9-20-	<u> 50</u>	
	If this production is cor	nmingled w	ith that fro	om anv ot	her leas	se or pool.	give comm	ingling order	number:			
	COMPLETION DATA			· · · · · · · · · · · · · · · · · · ·								
			· (V)	O11 W	ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	v. Diff. Res'v.
	Designate Type o	I Complet	10n — (A)	1	!		!	!	}	1		1
	Date Spudded		Date Co	mpl. Ready	y to Prod		Total Dep	th		P.B.T.D.		
	Elevations (DF, RKB, R7	GR, etc.)	Name of	Producing	Formati	on.	Top Oil/C	Gas Pay		Tubing Depth		
							İ					
	Perforations		<u> </u>							Depth Casing	Shoe	
				TUBI	NG, CA	SING, AND	CEMENT	ING RECOR	D			
	HOLE SIZ	E	CA	SING & T	TUBING	SIZE		DEPTH SE	т.	SAC	CKS CEM	ENT
										<u> </u>		
V.	TEST DATA AND RI	EQUEST I	FOR ALL	OWABLI	E (Tes					and must be equ	ual to or e	xceed top allow-
• •	OIL WELL				able	e for this de		or full 24 hours				
	Date First New Oil Run	To Tanks	Date of	Test-			Producing	Method (Flow	, pump, gas li	ft, etc.)		
	Length of Test		Tubing Pressure			Casing Pressure		Choke Size				
	Actual Prod. During Test		Oil-Bbl	8.			Water - Bb	ls.		Gas-MCF		
									:	<u></u>		
GAS WELL												
	Actual Prod. Test-MCF,	⁄D	Length o	of Test			Bbls. Cor	ndensate/MMCF	7	Gravity of Co	indensate	
										ļ		
	Testing Method (pitot, be	ack pr.)	Tubing F	oresente (Shut-in	1)	Casing Pr	ressure (S but -	-in)	Choke Size		
							ļ			<u></u>		
VI.	CERTIFICATE OF	COMPLIA!	NCE					OIL C	ONSERVA	TION COM	101221M	4
	I hereby certify that the rules and regulations of the Oil Conservation					AFFROVES						
	Commission have been complied with and that the information given											
	above is true and complete to the best of my knowledge and belief.											
						TITLE						
	Original Signed By											
	K. W. LAGRONE					This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened						
	K.W. Lagrone					!	hie form must	he accompa	nied by a tab	ulation of	f the deviation	
	(Signature)					tests t	aken on the v	veli in acco	rdance with R	ULE 111	l .	
Division Production Superintendent				All sections of this form must be filled out completely for all able on new and recompleted wells.								
	(Title) November 21, 1967						able or	new and rec	completed w	elis.		
						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						
	(Date)											
co							completed wells.					
							Combieted Merre.					