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LAND OFFICE					
TRANSPORTER	OIL				
OPERATOR					

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE (%) \$\partial x \partial x \quad x AND

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

l	U.S.G.S.			AUTH	ODIZATION TO	TDA	NSDODT OIL	AND MARKED		•	
ļ	LAND OFFICE			~011%	ORIZATION TO	IKA	•	AND MATUR	AL GAS	•	
		OIL		-							
	TRANSPORTER	GAS	 	1							
		GAS		4							
ŀ	OPERATOR		 	1							
1.	PRORATION OF	FICE	<u> </u>	<u> </u>							
		Dil Co	omp any	(Western	Division)						
	Address	-									
				dland, To	exas 79701						
- 1	Reason(s) for filing	(Check p	roper box))			Other (Please explain)		
1	New Well			Change i	n Transporter of:			Change in	well :	name from S	tate B 36-1
- 1	Recompletion			011		Dry Ga		to State			care n Jo-1
1	Change in Ownershi	₽□		Casinghe	ead Gas 🗌 🤇	Conden		o ocaca .	<i>30 G</i>	AIR. T	
	of change of owners										
II.	DESCRIPTION O	F WEL	L AND I	LEASE Well No.	Pool Name, Includ	ding Fo	ormation	Kind of	Lease	· · · · · · · · · · · · · · · · · · ·	Legse No.
	State B-36			1	Custer (State. F	ederal or	Fee Cama	
- 1	Location	COM.			caster (ET 16	monikari	otato, i		Fee State	B-1167
	_	_		•	_						
	Unit Letter	<u>C</u>	; <u>66</u>	O Feet Fro	om The <u>north</u>	L_Lin	e and <u>1880</u>	Feet	From The	vest	
		26		2.6		26		_	•		
l	Line of Section	36	Tow	mship Z4	-S Range	_e 36	; K ,	NMPM,	æa		County
II.	DESIGNATION O				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	L GA					
	Name of Authorized				Condensate 🔣		Address (Give ad	dress to which	approved	copy of this form	is to be sent)
i	Famarias Oil						P. O. Box	980, Hobb	s, Nev	Mexico 8	8240
['Name of Authorized	Transpor	ter of Cas	inghead Gas	or Dry Gas 🌋		Address (Give ad	ldress to which	approved	copy of this form	is to be sent)
Í	El Paso Natu	ral G	as Com	pany			P. O. Box	1384, Jal	. New	Mexico	
1	If well produces oil	or Hauidi		Unit Sec	. Twp. Rg	e.	Is gas actually co	onnected?	When		
	give location of tank		٥,	. C ! 3	6 24-S 3	6-E	Yes		İ	9-20-60	
										7 20 00	· · · · · · · · · · · · · · · · · · ·
	f this production is COMPLETION D		ugrea wit	n that from ar	ly other lease or j	poor,	give comminging	g order number			
۱.					Oil Well Gas W	Vell	New Well Work	kover Deep	en P	lug Back Same I	Res'v. Diff. Res'v.
	Designate Type of Completion - (X)						1	l I	1	1	
ŀ	Date Spudded			Date Compl. F	Ready to Prod.		Total Depth		P	.B.T.D.	· · · ·
- 1					•		-				
ŀ	Elevations (DF, RK)	R RT C	P	Name of Produ	ucing Formation		Top Oil/Gas Pay	,	Т	ubing Depth	
	- : =:::: (DI , IMI	-, A(I, G	, 610./						1	and a state	
}	Perforations			L					-	epth Casing Shoe	
-	Let forditions									opin Casing Silve	
-											
-				T	TUBING, CASING						
	HOLE	SIZE		CASING	& TUBING SIZE	E	DEP	TH SET		SACKS C	EMENT
v	TEST DATA ANI	D REQI	EST FO	OR ALLOWA	BLE (Test mus	t be at	ter recovery of total	al volume of lo	id oil and	must be soual to	or exceed top allow-
	OIL WELL	G(able for t	his de	pth or be for full 24	4 hours)			
Ī	Date First New Oil	Run To T	`anks	Date of Test			Producing Method	(Flow, pump,	gas lift, e	tc.)	
+	Length of Test			Tubing Press	ure		Casing Pressure		C	hoke Size	
				-							
-	Actual Prod. During	Test		Oil-Bbls.			Water - Bbls.		G	as - MCF	
	Saran Five, During									+ - + -	
I,							L				
,	GAS WELL						·	0.045=			
	Actual Prod. Test-	MCF/D		Length of Tes	JE		Bbls. Condensate	MMCF	G	ravity of Condense	ate .
r	Testing Mathed (nit	at book	ne)	Tubing Drees	ura (chubula)		Casina Pressure I	rehnt-in i	1 ~	hoke 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.

Original Signed By K. W. LAGRONE

K. W. Lagrone

(Signature)

Division Production Superintendent

(Title)

November 13, 1967

(Date)

APPROVED ORIGINAL. THE P. ENGREECE SIGNED TITLE .

OIL CONSERVATION COMMISSION

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.

-	NO. OF COPIES RECI	EIVED	i	
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	LAND OFFICE			
	TRANSPORTER	OIL		
	, italio etti ett	GAS		_
	OPERATOR			
ı.	PRORATION OF			

11.

IV.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE C.

110 ₈₈	
Form C-104 Oc Supersades Old C-104 and C-1 Effective 1-1-65	10
٠, ١, ١	

Form C-104 De Supersedes Old 1 Effective 1-1-65	C-104 and C-110
Effective 1-1-65	C. C.
ح کی	,
	11/20

					AND				σ '. "
U.S.G.S.		Al	JTHORIZ	ZATION TO T	RANSPOR	OIL AND	NATURAL h	. GAS	8 22 My . 67
TRANSPORTER	OIL				HUG L	COL MIT	UI .		117°67
TRANSPORTER	GAS								-7
OPERATOR		<u> </u>							
Operator	-ICE	<u> </u>							
Shell 011 Co	mpany (W	estern Di	vision)					
P. O. Box 15	09. Mi dl	and, Texa	s 7970	1					
Reason(s) for filing				······································		Other (Pleas	e explain)		
New Well	\square		nge in Tra	msporter of:					
Recompletion Change in Ownership		Oil Cas	inghead G		Gas ndensate X	Effecti	lve Sept	ember 1, 1967	
If change of owners		ne							
DESCRIPTION O		ND LEASE							
Lease Name	7		l No. Poc	l Name, Includin	g Formation	12 20 0 2020	Kind of Le		Lease No.
State B-	1.11		. <u>C</u>	uster (Ell	enburger	:)(:	State, Fed	eral or Fee State	
Unit Letter C	;	<u>660</u> Fe	et From Th	ne North	Line and	1880	Feet Fro	m The West	
Line of Section	36	Township	24-S	Range	36-E	, NMPN	м,	Lea	County
DESIGNATION O	F TRANSP	ORTER OF	OIL AN	D NATURAL	GAS				
Name of Authorized				nsate 🗶		(Give address	to which app	proved copy of this for	m is to be sent)
		ning Comp			P. O.	Box 980,	Hobbs,	New Mexico 8 proved copy of this for	8240
'Name of Authorized El Paso Natu		Company		or Dry Gas 🔀	P. 0.	Box 1384	, Jal,	New Mexico	n is to be sent)
If well produces oil give location of tank		Unit	Sec.	Twp. Rge. 24-S 36-	_	ctually connect	ted?	When 9-20-60	
If this production is							r number:	3-20-00	
COMPLETION D								I Dive Beele Com	e Res'v. Diff. Res'v.
Designate Typ	pe of Comp	letion - (X)	Oil W	ell Gas Wel	l New Wel	ll Workover	Deepen	Plug Back Sam	e Res-v. Diff. Res-v.
Date Spudded		Date Co	mpl. Read	y to Prod.	Total De	epth		P.B.T.D.	1
Elevations (DF, RK)	B, RT, GR, et	c.j Name of	Producing	g Formation	Top Oil,	/Gas Pay		Tubing Depth	
Perforations								Depth Casing Sho	е
Periordions									
			TUB	ING, CASING,	AND CEMEN	ITING RECO	RD		
HOLE	SIZE	c,	ASING &	TUBING SIZE		DEPTH S	ET	SACKS	CEMENT
									
TEST DATA AND OIL WELL	D REQUES	T FOR ALI	OWABL			ery of total vol: for full 24 hour		oil and must be equal t	to or exceed top allow-
Date First New Oil	Run To Tank	Date of	Test		Produci	ng Method (Flo	w, pump, gas	lift, etc.)	
Length of Test		Tubing	Pressure		Casing	Pressure	<u> </u>	Choke Size	
Down Day	Tool	Oil-Bb			Water - F	Bbls.		Gas - MCF	
Actual Prod. During	1001	011-32					`		
GAS WELL									
Actual Prod. Test-	MCF/D	Length	of Test		Bbls. C	ondensate/MMC	CF	Gravity of Conde	neate
Testing Method (pit	ot, back pr.)	Tubing	Pressure (Shut-in)	Casing	Pressure (Shu	t-in)	Choke Size	
CERTIFICATE (OF COMPL	IANCE				ρH	CONSER	VATION COMMIS	SION
				_		POVED			19
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			ven						
above is true and complete to the best of my knowledge and belief.				ef. BY	BY				
					i I				5

Original Signed By K. W. LAGRONE Signature)	K.W. Lagrone
AGRONE Signature)	
Division Production Su (Title)	perintendent
August 28, 1967	
(Date)	

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

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