

FILE NO.  
DATE  
U.S.G.S.  
LAND OFFICE  
TRANSPORTER  
OPERATOR  
PRODUCTION OFFICE

Oil  
Gas

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
SHELL ENERGY CORPORATION  
Address  
P.O. Box 808, Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box)  
New Well  
Recompletion  
Change in Ownership  
Change in Transporter of:  
Oil  
Casinghead Gas  
Dry Gas  
Condensate  
Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE  
Lease Name  
Julander  
Well No.  
1-E  
Pool Name, Including Formation  
Basin Dakota  
Kind of Lease  
State, Federal or Fee  
Fed. NM  
Lease No.  
019407  
Location  
Unit Letter  
K  
1525 Feet From The South Line and 1840 Feet From The West  
Line of Section  
31  
Township  
29 North  
Range  
11 West  
NMPM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil  
Plateau, Inc.  
Name of Authorized Transporter of Casinghead Gas  
Southern Union Gathering Company  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 108, Farmington, New Mexico 87401  
Address (Give address to which approved copy of this form is to be sent)  
First International Building - Dallas, Texas  
Attention: Mr. R.J. McCrary  
Is gas actually connected?  
No  
When

If this production is commingled with that from any other lease or pool, give commingling order number:  
COMPLETION DATA  
Designate Type of Completion - (X)  
Oil Well  
Gas Well  
New Well  
Workover  
Deepen  
Plug Back  
Same Res.  
Diff. Res.  
Date Spudded  
10-6-81  
Date Compl. Ready to Prod.  
12-22-81  
Total Depth  
6160  
P.B.T.D.  
6102  
Elevations (DF, RKB, RT, GR, etc.,)  
5452 R.K.B.  
Name of Producing Formation  
Dakota  
Top Oil/Gas Pay  
5936  
Tubing Depth  
6041  
Perforations  
5936 - 6043 (21 holes)  
Depth Casing Shoe  
6160

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24.00#	267	275
7-7/8"	4-1/2", 10.50#	6160	1150
	2-3/8" E.U.E., 4.70#	6041	

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  
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  
OIL CON. COM. DIST. 3

GAS WELL  
Actual Prod. Test-MCF/D  
771  
Length of Test  
3 hours  
Testing Method (pilot, back pr.)  
Back pressure  
Tubing Pressure (Shut-in)  
361  
Casing Pressure (Shut-in)  
693  
Choke Size  
3/4"

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.  
Kenneth E. Roddy  
Production Superintendent  
December 23, 1981  
OIL CONSERVATION DIVISION  
APPROVED  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR  
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 all wells 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 used for each pool in multi-