

OIL CONSERVATION DIVISION
P. O. BOX 2008
SANTA FE, NEW MEXICO 87501

NO. OF WELLS	
DISTRICT	
STATE	
FILE	
U.M.S.	
LOCAL OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Shell Western E&P, Inc.

Address
200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of: Other (Please explain) _____
 Recombination Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner Shell Oil Company, P.O. Box 991, Houston, Texas 77001

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State H</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Eumont Yates 7 Rivers Queen</u>	Kind of Lease State, Federal or Free State	Lease No.
Location Unit Letter <u>A</u> : <u>6600</u> Feet From The <u>North</u> Line and <u>1260</u> Feet From The <u>East</u>				
Line of Section <u>13</u>	Township <u>21S</u>	Range <u>35E</u>	Lea _____ County _____	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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, Texas 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook St, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks. Unit _____ Sec. _____ Twp. _____ Rge. _____ <u>No Change</u>	Is gas actually connected? When _____ <u>Yes</u> <u>NA</u>

If this production is commingled with that from any other lease or pool, give commingling order numbers _____

IV. COMPLETION DATA

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rea'v. <input type="checkbox"/> Diff. Rea'v.
Date Spudded _____	Date Compl. Ready to Prod. _____	Total Depth _____
Elevations (DF, RKB, RT, CR, etc.) _____	Name of Producing Formation _____	Top Oil/Gas Pay _____
Perforations _____	Depth Casing Shoe _____	
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 _____
Actual Prod. During Test _____	Oil-Bbls. _____	Water-Bbls. _____
		Gas-MCF _____
GAS WELL		
Actual Prod. Test-MCF/D _____	Length of Test _____	Bbls. Condensate/MCF _____
		Gravity of Condensate _____
Coring Method (spiral, back pr.) _____	Tubing Pressure (Shot-In) _____	Casing Pressure (Shot-In) _____
		Choke Size _____

VI. 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.

J. A. Newson
(Signature)
Attorney-in-Fact
December 1, 1983 Effective January 1, 1984
(Date)

OIL CONSERVATION DIVISION
APPROVED JAN 31 1984
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviate 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 conditions.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED
JAN 19 1984
O.C.D.
HOBBS OFFICE