

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
SHELL WESTERN E&P INC.Address
P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name TAYLOR GLENN	Well No. 6	Pool Name, Including Formation DRINKARD	Kind of Lease XXXXXXX Fee	Lease No.
Location Unit Letter <u>J</u> : <u>4620</u> Feet From The <u>SOUTH</u> Line and <u>1979</u> Feet From The <u>EAST</u> Line of Section <u>3</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>LEA</u> 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"/> SHELL PIPE LINE CORP.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1910, MIDLAND, TX 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO PRODUCING INC.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1137, EUNICE, NM 88231	
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 3
	Twp. 21-S	Rge. 37-E
	Is gas actually connected? <u>YES</u> When <u>7-02-85</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-570

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest'v.	Diff. Res.
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Date Spudded 7-27-52	Date Compl. Ready to Prod. 7-02-85		Total Depth 6707'		P.B.T.D. -----			
Elevations (DF, RKB, RT, GR, etc.) 3487' DF	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 6660'		Tubing Depth 6640'			
XXXXXX (OPEN HOLE) 6660' - 6707'					Depth Casing Shoe 6660'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13-3/8" (29.3#)	225'	250 SX NEAT
11"	8-5/8" (32#)	3147'	1700 SX 4% + 300 SXNEAT
7-7/8"	5-1/2" LINER	6660'	300 SX 4% + 300 SXNEAT

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)

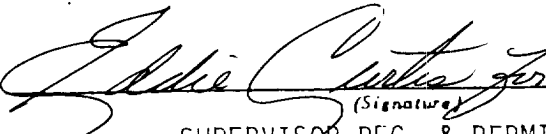
Date First New Oil Run To Tanks 7-02-85	Date of Test 7-20-85	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 40	Casing Pressure 40	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 12	Water - Bbls. 12	Gas - MCF 44

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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.


A. J. FORE
SUPERVISOR REG. & PERMITTING

OCTOBER 10, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 15 1985, 19BY Eddie W. Seay
Oil & Gas Inspector

TITLE _____

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

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated 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 filled for each pool in multiple completed wells.

RECEIVED

OCT 15 1985

C. C. P.
40945 C. C. P.