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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COM. ON**  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Firm C-104  
 Supersedes Old C-104 and C-11  
 Effective 1-1-65

**I. Operator**  
 SHELL WESTERN E&P INC.  
 Address  
 P. O. BOX 991; HOUSTON, TEXAS 77001

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well       Change in Transporter of:  
 Recompletion       Oil       Dry Gas       RECLASSIFIED TO AN OIL WELL  
 Change in Ownership       Casinghead Gas       Condensate       EFFECTIVE 1-1-84.

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name LIVINGSTON	Well No. 6	Pool Name, Including Formation BLINEBRY OIL AND GAS	Kind of Lease XXXXXX/XXXXXX State/Produced Fee	Lease No.
Location Unit Letter <u>S</u> ; <u>1980</u> Feet From The <u>SOUTH</u> Line and <u>2308</u> Feet From The <u>WEST</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 CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1910, MIDLAND, TEXAS 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TEXAS 79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?      When				
YES				1-06-84

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-01-52	Date Compl. Ready to Prod. 1-02-62	Total Depth 8320'	P.B.T.D. 6320'					
Elevations (DF, RKB, RT, GR, etc.) 3450' DF, 3440' CHF	Name of Producing Formation BLINEBRY	Top Oil/Gas Pay 5575'	Tubing Depth 6015'					
Perforations 5575' to 5975'		Depth Casing Shoe 8228'						
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/4"	13-3/8" (32.4#)	222'	250					
11"	8-5/8" (32, 28.55#)	3147'	2200					
7-7/8"	5-1/2" (17, 15.5#)	2944' - 8228'	825					
(LINER)								

**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	Date of Test	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

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Adie Curtis for* A. J. FORE  
 (Signature)  
 SUPERVISOR REGULATORY & PERMITTING  
 (Title)  
 JANUARY 24, 1984  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED FEB 1 1984, 19\_\_\_\_

BY ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

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 deviated 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 well name or number, or transporter, or other such change of conditions.

