

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF SERVICE REQUESTS	
REGISTRATION	
TAX RATE	
FILE	
U.S.U.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	
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 <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Livingston	Well No. 11	Pool Name, including Formation Tubb Oil And Gas	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>M</u> : <u>660</u> Feet From The <u>West</u> Line and <u>3300</u> Feet From The <u>South</u>					
Line of Section <u>03</u> Township <u>21S</u> Range <u>37E</u> . NMPM, 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"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1137, Eunice, New Mexico 88231	
If well produces oil or liquids, give location of tanks.	Unit No Change	Sec. Twp. Rge.
Is gas actually connected?	Yes	When NA

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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)

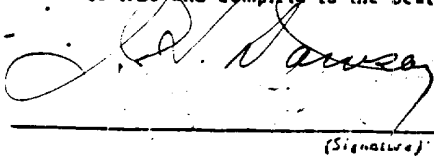
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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.



Attorney-in-Fact

December 1, 1983 Effective January 1, 1984

OIL CONSERVATION DIVISION

APPROVED FEB 1 1984, 12BY 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 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 condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

JAN 19 1984

O.C.D.
HOBBS OFFICE

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name LIVINGSTON
9. Well No. 11
10. Field and Pool, or Wildcat TUBB OIL AND GAS
12. County LEA

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator SHELL OIL COMPANY
3. Address of Operator P. O. BOX 991, HOUSTON, TX 77001
4. Location of Well UNIT LETTER <u>M</u> , <u>3300</u> FEET FROM THE <u>SOUTH</u> LINE AND <u>660</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>3</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3434' GL, 3443' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>ABANDON BLINEBRY AND DRINKARD ZONES</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3-15-83: Pumped 25 sx poz mix cement down Drinkard tbg @ 6520'. WOC 24 hrs.
 3-16-83: Pumped 25 sx 75/25 poz mix cement down Blinebry tbg @ 5620'. WOC 24 hrs.
 3-17-83: Tagged TOC in Drinkard tbg @ 5836'. Spotted 5 sx cement plug @ 5705'. WOC 24 hrs.
 3-18-83: Spotted 5 sx cement plug in Drinkard tbg @ 3987', 3430' and 2600'. Tagged TOC in Blinebry tbg @ 5450'. WOC 24 hrs.
 3-23-83: Spotted 5 sx cement plugs in Blinebry tbg 3987', 3430', 2600' and 1050'. Spotted 5 sx cement plug in Drinkard tbg @ 1050'. Pumped 115 sx Class "C" cement down Drinkard tbg and 185 sx Class "C" cement down Blinebry tbg. WOC 24 hrs.
 3-25 to 3-29-83: Found leak in Tubb tbg string between 709' and 810'. Pumped 50 sx Class "C" neat cement followed by 10 sx Class "C" w/.4% HR-5. WOC 24 hrs. Tagged TOC @ 661'. Drilled out cement to 765' and cleaned out to 6140'.
 4-03-83: Began flowing well to test tank. Tubb zone returned to production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Edwin Curtis A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE JULY 28, 1983
 ORIGINAL SECTION AUG 1, 1983
 DISTRICT SUPERVISOR
 APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

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