

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SHELL WESTERN E&P INC.		Well API No. 30-025-06357
Address P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTHEAST DRINKARD UNIT	Well No. 120	Pool Name, Including Formation NORTH EUNICE BLINEBRY-TUBB- DRINKARD OIL & GAS	Kind of Lease (State) Federal or Fee	Lease No. B-1732
Location Unit Letter <u>B</u> : <u>900</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>EAST</u> Line Section <u>2</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 PIPE LINE CO. or TEXACO-NEW MEXICO PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1910, MIDLAND, TX 79702-1910 P.O. BOX 2528, HOBBS, NM 88241-2528					
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 88231-1137					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 10	Twp. 21S	Rge. 37E	Is gas actually connected? YES	When? 5-18-89

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 X	Gas Well	New Well	Workover	Deepen X	Plug Back	Same Res'v	Diff Res'v X
Date Spudded 7-28-54	Date Compl. Ready to Prod. 5-18-89		Total Depth 5995'		P.B.T.D. -----			
Elevations (DF, RKB, RT, GR, etc.) 3511' GR	Name of Producing Formation BLINEBRY		Top Oil/Gas Pay 5840'		Tubing Depth 5957'			
Perforations 5840' - 5978'					Depth Casing Shoe 5879'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" (48#)		318'		425			
11"	8-5/8" (32#)		3099'		2025			
7-7/8"	5-1/2" (14, 15.5#)		5879'		670			

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 Tank 5-18-89	Date of Test 6-09-89	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 30	Casing Pressure 30	Choke Size
Actual Prod. During Test	Oil - Bbls. 2	Water - Bbls. 16	Gas - MCF 35

GAS WELL

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


VI. OPERATOR 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.


Signature
J. H. SMITHERMAN REGULATORY SUPV.
Printed Name
6-29-89 (713) 870-3797
Date Telephone No.

OIL CONSERVATION DIVISION

JUL 05 1989

Date Approved
By  ORIGINAL SIGNED BY JERRY STANTON
DISTRICT I SUPERVISOR
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUL 3 1989

**OCD
HOBBS OFFICE**