

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-75

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

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. CIL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator SHELL WESTERN E&P INC.		8. Farm or Lease Name STATE SECTION 2
3. Address of Operator P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)		9. Well No. 6
4. Location of Well UNIT LETTER <u>S</u> <u>1980</u> FEET FROM THE <u>S</u> LINE AND <u>1980</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>2</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> N.M.P.M.		10. Field and Pool, or Widect BRUNSON ELLENBURGER
15. Elevation (Show whether DF, RT, GR, etc.) 3488' DF		12. County LEA

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 checked="" type="checkbox"/> OPEN HARE SIMPSON, FRAC TREAT, TEST PUMP*	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input 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.

*WE PROPOSE TO OPEN THE HARE SIMPSON AND TEST PUMP TEMPORARILY TO OBTAIN RATES AND PRESSURES PREPARATORY TO DOWNHOLE COMMINGLING APPLICATION WITH ELLENBURGER PRODUCTION.

1. Pull production equipment.
2. Take static BHP survey of Ellenburger formation.
3. Run GR/Neutron/CCL log from $\pm 8000'$ to $\pm 6800'$.
4. Set RBP @ $\pm 8000'$.
5. Spot 15% HCl at depths to be determined from logs.
6. Perf Hare Simpson (4 JSPF) at depths to be determined from logs.
7. Take static BHP survey of Hare Simpson. Proceed if pressure is compatible w/Ellenburger.
8. Run base temp survey from PBTD to 7500'.
9. Frac treat Hare Simpson w/32,000 gals x-linked fluid + 80,000# 20/40 mesh sand + 12,000# 100 mesh sand.
10. Run temp survey from PBTD to 7500'. SI well 48 hrs.
11. Tag btm. CO fill if necessary.
12. Retrieve RBP.
13. Install production equipment and return well to production as a temporarily downhole commingled Hare Simpson/Ellenburger producer. Application to permanently downhole commingle will be made when production allocations can be established.

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

SIGNED A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE SEPTEMBER 9, 1986
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
APPROVED BY _____ TITLE _____ DATE _____

SEP 16 1986

RECEIVED
SEP 15 1986
U.S. CUSTOMS
HONOLULU OFFICE

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
STATE SECTION 2	6	BRUNSON (ELLENBURGER)	State, Federal or Fee STATE	B-9745
Location				
Unit Letter	S	1980 Feet From The	SOUTH	Line and 1980 Feet From The
Line of Section	2	T. Township	21-S	Range 37-E, 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"/>	Address (Give address to which approved copy of this form is to be sent)	
SHELL PIPE LINE CORPORATION	P. O. BOX 1910, MIDLAND, TEXAS 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
GETTY OIL COMPANY	P. O. BOX 1137, EUNICE, NEW MEXICO 88231	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	T	2
	21-S	37-E
		Is gas actually connected? YES

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.
	X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAB, RT, GR, 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

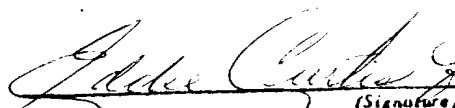
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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/MMCF	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.


A. J. FORE
(Signature)
SUPERVISOR REGULATORY & PERMITTING
(Title)
MARCH 21, 1984
(Date)

OIL CONSERVATION DIVISION
MAR 26 1984
APPROVED
ORIGINAL SIGNED BY JERRY SEXTON
BY 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 deviation 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 multiply completed wells.