

# Shell Oil Company



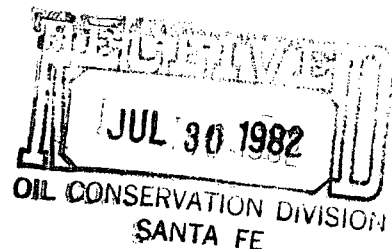
P.O. Box 991  
Houston, Texas 77001

July 28, 1982

State of New Mexico  
Energy and Minerals Department  
Oil Conservation Division  
P. O. Box 2088  
Santa Fe, New Mexico 87501

Gentlemen:

SUBJECT: APPLICATION TO DOWNHOLE COMMINGLE  
SHELL-GRIZZELL NO. 8  
990 FSL AND 330 FEL, UNIT LETTER "P"  
SECTION 8, T-22-S, R-37-E  
BLINEBRY OIL AND GAS POOL  
LEA COUNTY, NEW MEXICO



Shell Oil Company respectfully requests administrative approval under the provisions of Rule 303-C, to commingle within the wellbore, production from the Drinkard and Blinebry Oil and Gas Pools in the subject well. The subject well is currently being produced with the Blinebry zone on artificial lift. The Drinkard zone was temporarily abandoned in May 1982 with a retrievable bridge plug set @ 6350'. However, with the indicated marginal production, installation of dual equipment cannot be justified. In the interest of conservation and prevention of waste, we now propose to downhole commingle the production from the Blinebry and Drinkard pools in Shell-Grizzell No. 8.

This well qualifies for administrative approval in accordance with Statewide Rule 303, Paragraph C; and in support thereof, the following facts are submitted:

1. The attached plat shows the Grizzell lease.
2. The latest tests are as follows:  
  
Blinebry: 7-01-82 3 BOPD, 1 BWP, 140 MCFPD. Perforations: 5400' - 5929'.  
  
Drinkard: 4-09-82 10 BOPD, 2 BWP, 160 MCFPD. Perforations: 6420' - 6500'.  
(Currently isolated below RBP @ 6350'.)
3. Neither zone produces more water than the combined oil limit as determined in Rule 303, Paragraph C, (d).
4. Shell Oil Company has commingled these fluid at the surface and has encountered no incompatibility problems; therefore, no reservoir damage will result from downhole commingling.

July 28, 1982  
Page 2

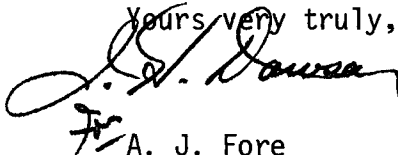
5. Surface commingling resulted in no reduction of oil value; therefore, downhole commingling will not reduce oil value. (PC-218, June 10, 1980)
6. The ownership of both zones to be commingled is common.
7. A resume of the well's completion history is attached.
8. The bottom hole pressures are:  
Drinkard: 96 hr SI - 658 psig.  
Blinebry: Fluid level - 1096 psig.  
We do not anticipate cross flow of fluids since the well will be maintained at pumped off conditions.
9. Commingling will not jeopardize the efficiency of future secondary operations in either zone.
10. Copies of this application have been furnished to all offset operators by certified mail.
11. Recommended oil and gas allotments would be as follows:

| <u>Drinkard</u> |     | <u>Blinebry</u> |
|-----------------|-----|-----------------|
| 77%             | Oil | 23%             |
| 53%             | Gas | 47%             |

Other supporting data attached are C-116 for each zone and a schematic of the present and proposed downhole configuration.

If additional information is required, please advise.

Yours very truly,



A. J. Fore  
Supervisor Regulatory and Permitting  
Mid-Continent Division

DMB:dmb

Attachments

cc: State of New Mexico  
Energy and Minerals Department  
Oil Conservation Division  
P. O. Box 1980  
Hobbs, New Mexico 88240

Welton D. Moore  
New Mexico Production Unit

OFFSET OPERATORS

GRIZZELL LEASE

TEXACO INC.  
ATTN: A. R. McDANIEL  
P. O. BOX 3109  
MIDLAND, TEXAS 79702

AMOCO PRODUCTION COMPANY  
ATTN: S. J. OKERSON, DIST. SUPT.  
P. O. BOX 68  
HOBBS, NEW MEXICO 88240

SUN EXPLORATION AND PRODUCTION COMPANY  
ATTN: J. L. POWER, MGR. CONSERVATION  
P. O. BOX 2880  
DALLAS, TEXAS 75221

SOHIO PETROLEUM COMPANY  
ATTN: J. H. WALTERS, DIST. SUPT.  
P. O. BOX 3000  
MIDLAND, TEXAS 79702

CONOCO INC.  
ATTN: L. P. THOMPSON, DIV. MGR. PROD.  
P. O. BOX 460  
HOBBS, NEW MEXICO 88240

GULF OIL EXPLORATION AND PRODUCTION COMPANY  
SOUTHWEST DIVISION OFFICE  
306 WEST WALL STREET  
MIDLAND, TEXAS 79701

EXXON COMPANY U.S.A.  
MID-CONTINENT PRODUCTION DIVISION  
ATTN: D. MENDELL, III, DIV. PROD. MGR.  
P. O. BOX 1600  
MIDLAND, TEXAS 79702

COMPLETION HISTORY  
GRIZZELL NO. 8

9-06-52 thru 9-30-52: Drilled to total depth of 6510'.

10-04-52 thru 10-05-52: Opened and tested Drinkard zone - 6420' to 6460'  
6485' to 6500'.

5-03-82 thru 5-07-82: Abandoned Drinkard; Recompleted in Blinebry. Perforated 5-1/2" liner 5400' - 5929' (74 holes). Acidized w/14,420 gals 15% NEA. Returned well to production.

7-01-82: 3 BO + 1 BW + 140 MCFG (Blinebry zone).

NEW MEXICO OIL CONSERVATION COMMISSION  
GAS-OIL RATIO TESTS

C-116  
Revised 1-1-65

| Operator                                                                                         |          | Pool                                |   | County             |              | LEA                                                                             |             |                 |                      |                   |             |           |                            |           |            |
|--------------------------------------------------------------------------------------------------|----------|-------------------------------------|---|--------------------|--------------|---------------------------------------------------------------------------------|-------------|-----------------|----------------------|-------------------|-------------|-----------|----------------------------|-----------|------------|
| SHELL OIL COMPANY                                                                                |          | DRINKARD                            |   |                    |              |                                                                                 |             |                 |                      |                   |             |           |                            |           |            |
| Address                                                                                          |          | P. O. BOX 576, HOUSTON, TEXAS 77001 |   | TYPE OF TEST - (X) |              | Completion <input type="checkbox"/> Special <input checked="" type="checkbox"/> |             |                 |                      |                   |             |           |                            |           |            |
| LEASE NAME                                                                                       | WELL NO. | LOCATION                            |   |                    | DATE OF TEST | CHOKE SIZE                                                                      | TBG. PRESS. | DAILY ALLOWABLE | LENGTH OF TEST HOURS | PROD. DURING TEST |             |           | GAS - OIL RATIO CU.FT./BBL |           |            |
|                                                                                                  |          | U                                   | S | T                  |              |                                                                                 |             |                 |                      | R                 | WATER BBLs. | GRAV. OIL |                            | OIL BBLs. | GAS M.C.F. |
| GRIZZELL                                                                                         | 8        | P                                   | 8 | 22-S               | 37-E         | 4-09-82                                                                         | P 32/64     | 210             |                      | 24                | 2           | 38.0      | 10                         | 160       | 16,000     |
| Above is a 24-hour productivity test preparatory to downhole commingling with the Blinetry zone. |          |                                     |   |                    |              |                                                                                 |             |                 |                      |                   |             |           |                            |           |            |

No well will be assigned an allowable greater than the amount of oil produced on the official test.

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Commission.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

Well original and one copy of this report to the district office of the New Mexico Oil Conservation Commission in accordance with Rule 301 and appropriate pool rules.

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

*C. F. Newman*  
(Signature)

SUPV. OIL ACCOUNTING

(Title)

NEW MEXICO OIL CONSERVATION COMMISSION  
GAS-OIL RATIO TESTS

C-118  
Revised 1-1-65

| Operator                                                                                         |          | Pool                                |   | County             |              | Completion |             | Special          |                      |                   |             |           |                            |           |
|--------------------------------------------------------------------------------------------------|----------|-------------------------------------|---|--------------------|--------------|------------|-------------|------------------|----------------------|-------------------|-------------|-----------|----------------------------|-----------|
| SHELL OIL COMPANY                                                                                |          | BLINEBRY OIL AND GAS                |   | LEA                |              |            |             |                  |                      |                   |             |           |                            |           |
| Address                                                                                          |          | P. O. BOX 576, HOUSTON, TEXAS 77001 |   | TYPE OF TEST - (X) |              | SCHEDULED  |             |                  |                      |                   |             |           |                            |           |
| LEASE NAME                                                                                       | WELL NO. | LOCATION                            |   |                    | DATE OF TEST | CHOKE SIZE | TBG. PRESS. | DAILY ALLOW-ABLE | LENGTH OF TEST HOURS | PROD. DURING TEST |             |           | GAS - OIL RATIO CU.FT./BBL |           |
|                                                                                                  |          | U                                   | S | T                  |              |            |             |                  |                      | R                 | WATER BBLs. | GRAV. OIL |                            | OIL BBLs. |
| GRIZZELL                                                                                         | 8        | P                                   | 8 | 22-S 37-E          | 7-01-82      | P          | 30          |                  | 24                   | 1                 | 38.0        | 3         | 140                        | 46,700    |
| Above is a 24-hour productivity test preparatory to downhole commingling with the Drinkard zone. |          |                                     |   |                    |              |            |             |                  |                      |                   |             |           |                            |           |

No well will be assigned an allowable greater than the amount of oil produced on the official test.

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Commission.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

Well original and one copy of this report to the district office of the New Mexico Oil Conservation Commission in accordance with Rule 301 and appropriate pool rules.

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

*C. F. Newman* — C. F. NEWMAN  
(Signature)

SUPV. OIL ACCOUNTING

(Title)

MECHANICAL CONFIGURATION

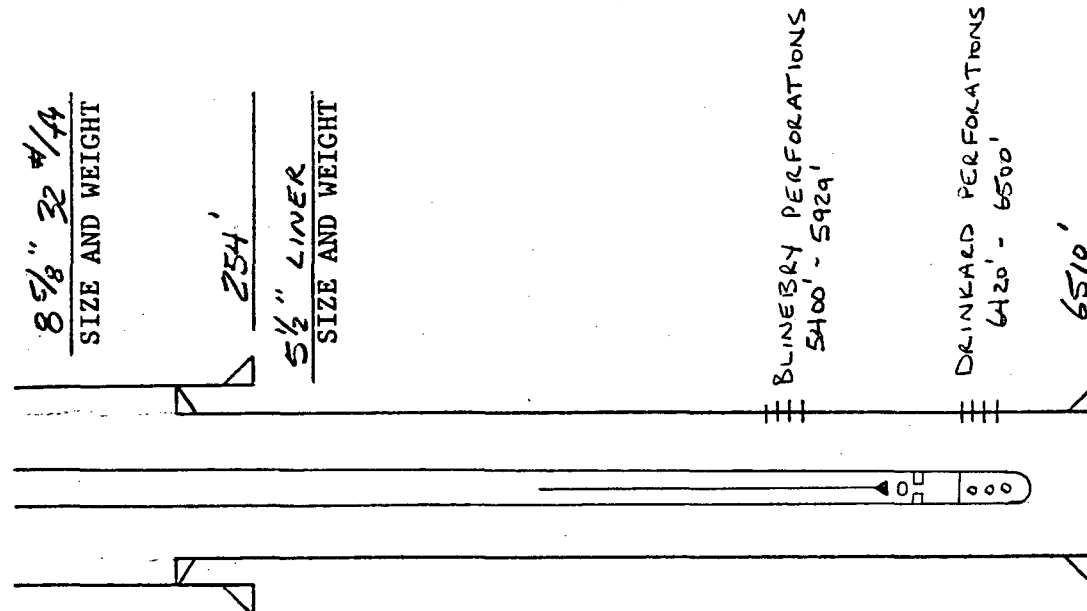
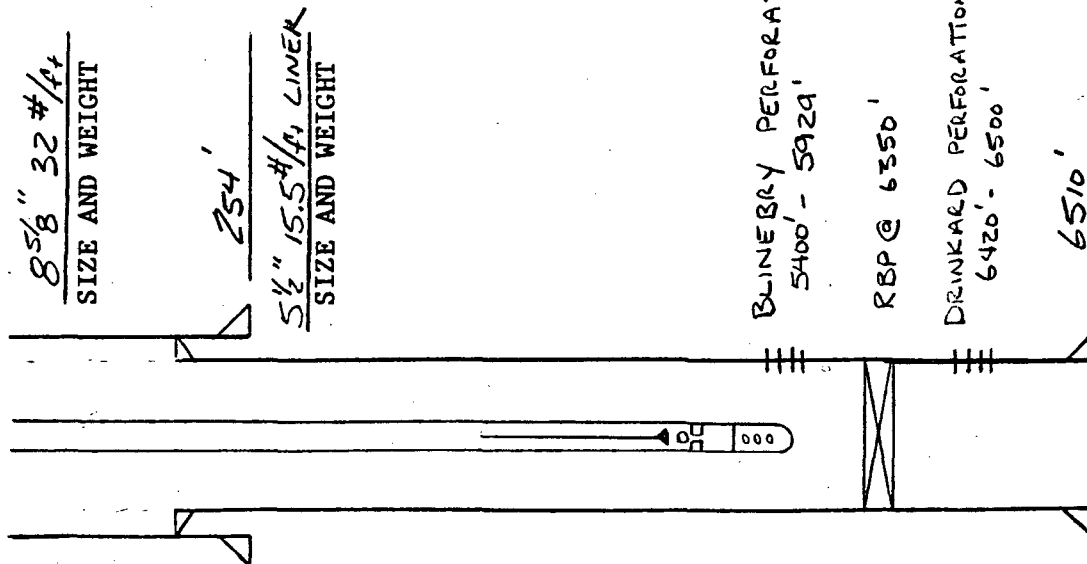
WELL GRIZZELL #8

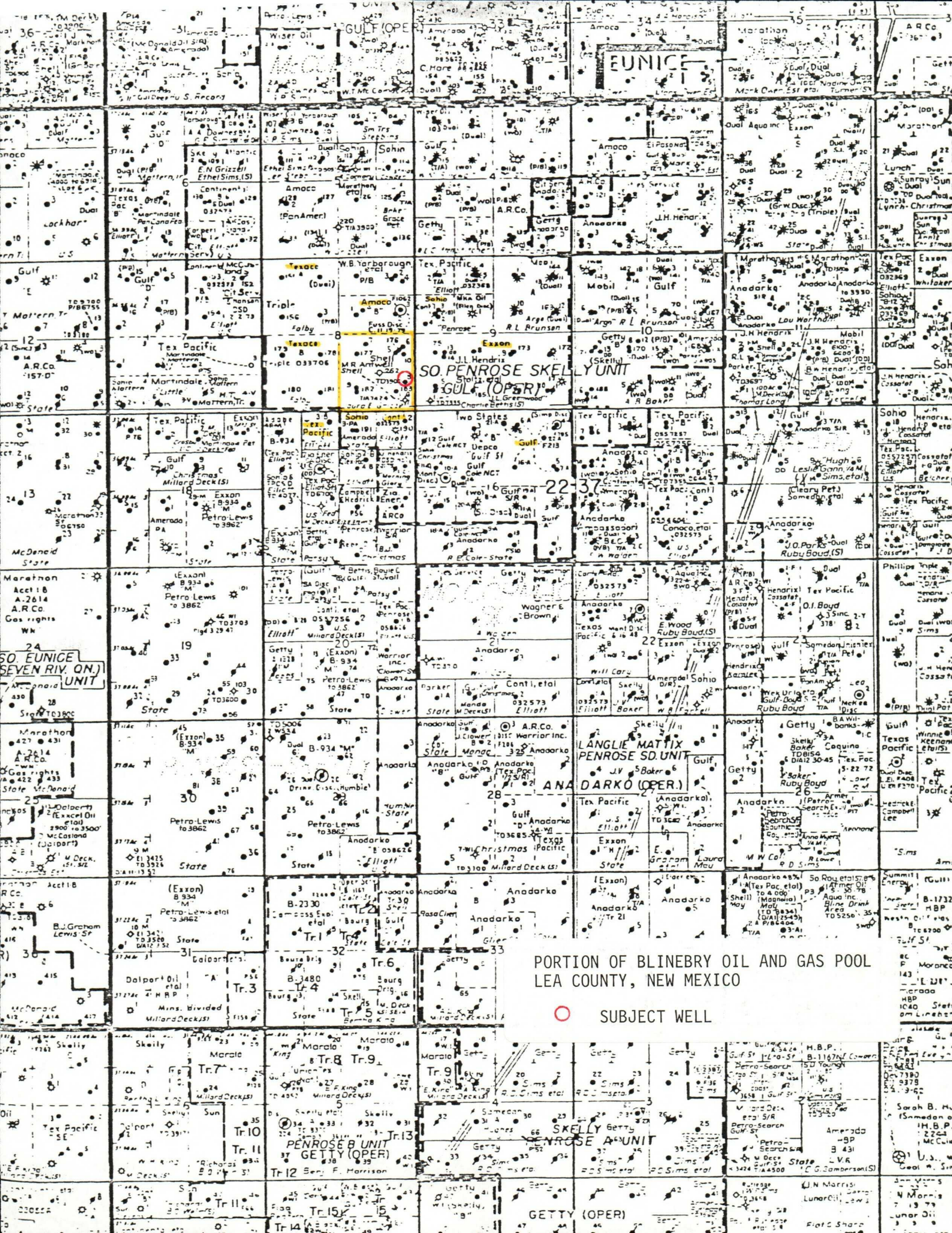
FIELD DRINKARD

DATE 7/21/82

PRESENT

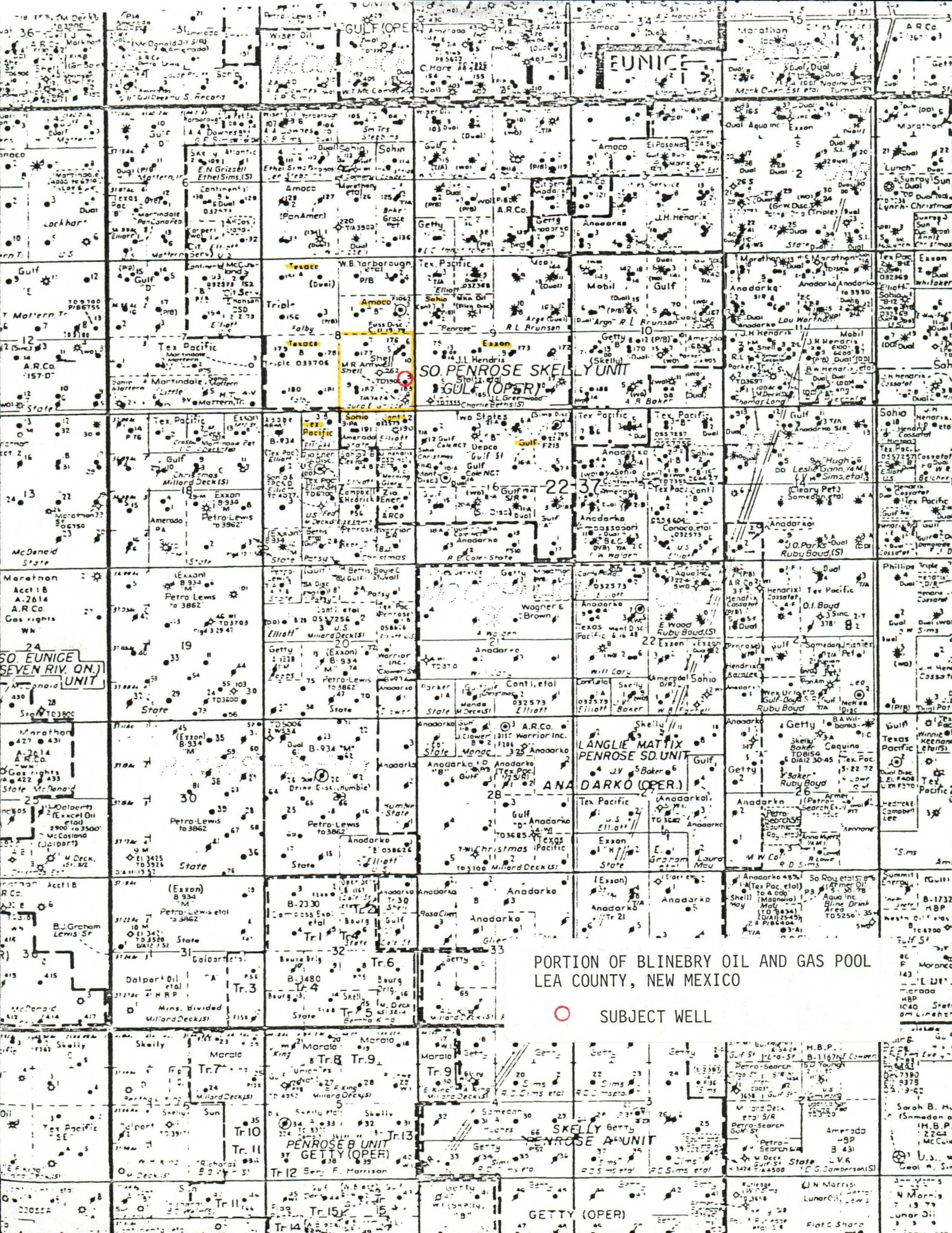
PROPOSED





PORTION OF BLINERY OIL AND GAS POOL  
LEA COUNTY, NEW MEXICO

○ SUBJECT WELL



P 226 788 945

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

|                                                                     |  |
|---------------------------------------------------------------------|--|
| SENT TO                                                             |  |
| TEXACO INC.                                                         |  |
| STREET AND NO.                                                      |  |
| P. O. BOX 3109                                                      |  |
| P.O. STATE AND ZIP CODE                                             |  |
| MIDLAND, TEXAS 79702                                                |  |
| POSTAGE \$                                                          |  |
| CERTIFIED FEE                                                       |  |
| SPECIAL DELIVERY                                                    |  |
| RESTRICTED DELIVERY                                                 |  |
| SHOW TO WHOM AND DATE DELIVERED                                     |  |
| SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY                         |  |
| SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY            |  |
| SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY |  |
| CONSULT POSTMASTER FOR FEES                                         |  |
| OPTIONAL SERVICES                                                   |  |
| RETURN RECEIPT SERVICE                                              |  |
| TOTAL POSTAGE AND FEES \$                                           |  |
| POSTMARK OR DATE                                                    |  |
| D. M. BRANFORD                                                      |  |
| WCK 4435                                                            |  |
| JULY 28, 1982                                                       |  |

PS Form 3800, Apr. 1976

CERTIFIED  
P 226 788 945  
MAIL

P 226 788 946

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

|                                                                     |  |
|---------------------------------------------------------------------|--|
| SENT TO                                                             |  |
| AMOCO PRODUCTION CO.                                                |  |
| STREET AND NO.                                                      |  |
| P. O. BOX 68                                                        |  |
| P.O. STATE AND ZIP CODE                                             |  |
| HOBBS, NM 88240                                                     |  |
| POSTAGE \$                                                          |  |
| CERTIFIED FEE                                                       |  |
| SPECIAL DELIVERY                                                    |  |
| RESTRICTED DELIVERY                                                 |  |
| SHOW TO WHOM AND DATE DELIVERED                                     |  |
| SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY                         |  |
| SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY            |  |
| SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY |  |
| CONSULT POSTMASTER FOR FEES                                         |  |
| OPTIONAL SERVICES                                                   |  |
| RETURN RECEIPT SERVICE                                              |  |
| TOTAL POSTAGE AND FEES \$                                           |  |
| POSTMARK OR DATE                                                    |  |
| D. M. BRANFORD                                                      |  |
| WCK 4435                                                            |  |
| JULY 28, 1982                                                       |  |

PS Form 3800, Apr. 1976

CERTIFIED  
P 226 788 946  
MAIL

P 226 788 947

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

|                                                                     |  |
|---------------------------------------------------------------------|--|
| SENT TO                                                             |  |
| SUN EXPL. & PROD. CO.                                               |  |
| STREET AND NO.                                                      |  |
| P. O. BOX 2880                                                      |  |
| P.O. STATE AND ZIP CODE                                             |  |
| DALLAS, TX. 75221                                                   |  |
| POSTAGE \$                                                          |  |
| CERTIFIED FEE                                                       |  |
| SPECIAL DELIVERY                                                    |  |
| RESTRICTED DELIVERY                                                 |  |
| SHOW TO WHOM AND DATE DELIVERED                                     |  |
| SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY                         |  |
| SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY            |  |
| SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY |  |
| CONSULT POSTMASTER FOR FEES                                         |  |
| OPTIONAL SERVICES                                                   |  |
| RETURN RECEIPT SERVICE                                              |  |
| TOTAL POSTAGE AND FEES \$                                           |  |
| POSTMARK OR DATE                                                    |  |
| D. M. BRANFORD                                                      |  |
| WCK 4435                                                            |  |
| JULY 28, 1982                                                       |  |

PS Form 3800, Apr. 1976

CERTIFIED  
P 226 788 947  
MAIL

P 226 788 948

RECEIPT FOR CERTIFIED MAIL  
NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

|                                                                     |  |
|---------------------------------------------------------------------|--|
| SENT TO                                                             |  |
| SOHIO PETROLEUM CO.                                                 |  |
| STREET AND NO.                                                      |  |
| P. O. BOX 3000                                                      |  |
| P.O. STATE AND ZIP CODE                                             |  |
| MIDLAND, TX. 79702                                                  |  |
| POSTAGE \$                                                          |  |
| CERTIFIED FEE                                                       |  |
| SPECIAL DELIVERY                                                    |  |
| RESTRICTED DELIVERY                                                 |  |
| SHOW TO WHOM AND DATE DELIVERED                                     |  |
| SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY                         |  |
| SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY            |  |
| SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY |  |
| CONSULT POSTMASTER FOR FEES                                         |  |
| OPTIONAL SERVICES                                                   |  |
| RETURN RECEIPT SERVICE                                              |  |
| TOTAL POSTAGE AND FEES \$                                           |  |
| POSTMARK OR DATE                                                    |  |
| D. M. BRANFORD                                                      |  |
| WCK 4435                                                            |  |
| JULY 28, 1982                                                       |  |

PS Form 3800, Apr. 1976

CERTIFIED  
P 226 788 948  
MAIL

**P 226 788 951**  
**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

|                                                                     |  |                                             |  |
|---------------------------------------------------------------------|--|---------------------------------------------|--|
| SENT TO                                                             |  | EXXON COMPANY U.S.A.                        |  |
| STREET AND NO.                                                      |  | P. O. BOX 1600                              |  |
| P.O., STATE AND ZIP CODE                                            |  | MIDLAND, TX 79702                           |  |
| POSTAGE                                                             |  | \$                                          |  |
| CONSULT POSTMASTER FOR FEES                                         |  |                                             |  |
| OPTIONAL SERVICES                                                   |  |                                             |  |
| RETURN RECEIPT SERVICE                                              |  |                                             |  |
| SHOW TO WHOM AND DATE DELIVERED                                     |  |                                             |  |
| SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY                         |  |                                             |  |
| SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY            |  |                                             |  |
| SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY |  |                                             |  |
| TOTAL POSTAGE AND FEES                                              |  | \$                                          |  |
| POSTMARK OR DATE                                                    |  | D. M. BRANFORD<br>WCK 4435<br>JULY 28, 1982 |  |

PS Form 3800, Apr. 1976

**CERTIFIED**  
**P 226 788 951**  
**MAIL**

**P 226 788 950**  
**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

|                                                                     |  |                                             |  |
|---------------------------------------------------------------------|--|---------------------------------------------|--|
| SENT TO                                                             |  | GULF OIL EXPL. & PROD.                      |  |
| STREET AND NO.                                                      |  | 306 WEST WALL STREET                        |  |
| P.O., STATE AND ZIP CODE                                            |  | MIDLAND, TX. 79701                          |  |
| POSTAGE                                                             |  | \$                                          |  |
| CONSULT POSTMASTER FOR FEES                                         |  |                                             |  |
| OPTIONAL SERVICES                                                   |  |                                             |  |
| RETURN RECEIPT SERVICE                                              |  |                                             |  |
| SHOW TO WHOM AND DATE DELIVERED                                     |  |                                             |  |
| SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY                         |  |                                             |  |
| SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY            |  |                                             |  |
| SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY |  |                                             |  |
| TOTAL POSTAGE AND FEES                                              |  | \$                                          |  |
| POSTMARK OR DATE                                                    |  | D. M. BRANFORD<br>WCK 4435<br>JULY 28, 1982 |  |

PS Form 3800, Apr. 1976

**CERTIFIED**  
**P 226 788 950**  
**MAIL**

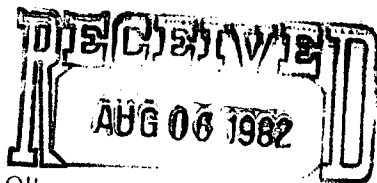
**P 226 788 949**  
**RECEIPT FOR CERTIFIED MAIL**  
NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL  
(See Reverse)

|                                                                     |  |                                             |  |
|---------------------------------------------------------------------|--|---------------------------------------------|--|
| SENT TO                                                             |  | CONOCO INC.                                 |  |
| STREET AND NO.                                                      |  | P. O. BOX 460                               |  |
| P.O., STATE AND ZIP CODE                                            |  | HOBBS, NM 88240                             |  |
| POSTAGE                                                             |  | \$                                          |  |
| CONSULT POSTMASTER FOR FEES                                         |  |                                             |  |
| OPTIONAL SERVICES                                                   |  |                                             |  |
| RETURN RECEIPT SERVICE                                              |  |                                             |  |
| SHOW TO WHOM AND DATE DELIVERED                                     |  |                                             |  |
| SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY                         |  |                                             |  |
| SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY            |  |                                             |  |
| SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY |  |                                             |  |
| TOTAL POSTAGE AND FEES                                              |  | \$                                          |  |
| POSTMARK OR DATE                                                    |  | D. M. BRANFORD<br>WCK 4435<br>JULY 28, 1982 |  |

PS Form 3800, Apr. 1976

**CERTIFIED**  
**P 226 788 949**  
**MAIL**

OIL CONSERVATION DIVISION  
DISTRICT I



OIL CONSERVATION

SANTA FE

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

DATE August 2, 1982

RE: Proposed MC \_\_\_\_\_  
Proposed DHC X \_\_\_\_\_  
Proposed NSL \_\_\_\_\_  
Proposed NSP \_\_\_\_\_  
Proposed SWD \_\_\_\_\_  
Proposed WFX \_\_\_\_\_  
Proposed PMX \_\_\_\_\_

Gentlemen:

I have examined the application for the:

|                          |                    |                 |                |
|--------------------------|--------------------|-----------------|----------------|
| <u>Shell Oil Company</u> | <u>Grizzell</u>    | <u>No. 8-P</u>  | <u>8-22-37</u> |
| Operator                 | Lease and Well No. | Unit, S - T - R |                |

and my recommendations are as follows:

O.K.---J.S.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yours very truly,

A handwritten signature in cursive script, appearing to read "Larry Sexton". The signature is written in dark ink and is positioned above a horizontal line.

/mc