

May 7, 1992

OIL CONSERVATION DIVISION
RECEIVED



'92 MAY 11 AM 9 19

Mr. Ben Stone
Energy, Minerals and
Natural Resources Dept.
Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87504

Re: Shell State SWD No. 13-1

Dear Mr. Stone:

Enclosed is the injection profile log requested in your letter of May 4, 1992.

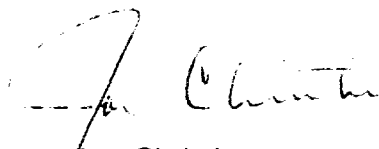
Pursuant to a request by your Hobbs office (letter enclosed) we conducted this injection profile tracer log test on March 27, 1992. At least 24 hour advance notice of the test was given to your Hobbs office as they requested and I believe it was witnessed by OCD personnel.

On March 26, 1992, I sent a copy of the log to your Hobbs office as directed (my letter enclosed).

We have set up a program for annual testing of the well. Please advise me if you want us to send copies of logs of those future tests to your Santa Fe office as well as the Hobbs OCD office.

I trust this is the information you need. If not, please let me know.

Sincerely,



Joe Christie
President

JC:sw

004/JC/92

CHRISTIE GAS CORPORATION
BARTON OAKS PLAZA TWO, SUITE 515
901 MOPAC EXPRESSWAY SOUTH
AUSTIN, TEXAS 78746

512 327-9510
512 327-5272 FAX



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

RECEIVED

FEB 7 1992

February 3, 1992

BRUCE KING
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

New file

Christie Gas Corporation
Barton Oaks Plaza Two, Suite 515
901 MoPac Expressway South
Austin, Texas 78746

Re: Shell State SWD #13-L, Sec 32, T23S, R37E

Gentlemen:

To insure that no water is being injected into other than the approved formation, it has been determined that an ejecto log tracer survey is to be run annually.

The survey was run on March 27, 1991, was witnessed by Oil Conservation Division personnel and approved.

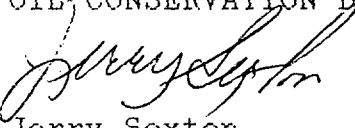
We request that you make arrangements for this test to be conducted in the near future.

We request 24 hours notice prior to the test in order to witness the operation.

After the tracer is run and printed, please send a copy of the log to this office.

Very truly yours

OIL CONSERVATION DIVISION


Jerry Sexton
Supervisor, District I

JS:bp

File





March 26, 1992

New Mexico Oil Conservation Division
District I
Attn: Mr. Jerry Sexton
P.O. Box 1980
Hobbs, New Mexico 88241-1980

Re: Log Tracer Survey, Shell State #13L, Section 32, T23S, R37E, Lea County, N.M.

Dear Mr. Sexton:

Enclosed is a copy of the injection profile log that was recently conducted on the above referenced well. As you can see, there was no indication that water is being injection into other than the approved formation.

I trust this is the information that you requested in your letter of February 3, 1992.

Sincerely,

A handwritten signature in dark ink, appearing to read "Joe Christie".

Joe Christie
President

JC:sw

031/JC/92

CHRISTIE GAS CORPORATION
BARTON OAKS PLAZA TWO, SUITE 515
901 MOPAC EXPRESSWAY SOUTH
AUSTIN, TEXAS 78746

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512 327-5272 FAX

CARDINAL SURVEYS COMPANY

INJECTION PROFILE

COMPANY <u>CHRISTIE GAS CORPORATION</u>				File No. <u>11,159</u>	
WELL <u>SHELL STATE 13 SWD NO. 1</u>				SWD-214	
FIELD <u>LANGLIE MATTIX</u>					
COUNTY <u>LEA</u> STATE <u>NM</u>					
LOCATION: <u>NW 1/4 OF SW 1/4</u>					
SEC <u>32</u> TWP <u>23-S</u> RGE <u>37-E</u>					
Permanent Datum <u>G.L.</u> Elev. <u>3304'</u>				KB <u>N/A</u>	
Log Measured From <u>G.L.</u> Ft. Above Perm. Datum				DF <u>N/A</u>	
Drilling Measured From <u>G.L.</u>				GL <u>3304'</u>	
Date <u>3-16 & 17-92</u>					
Depth - Driller <u>3998'</u>					
Depth - Plug Back <u>N/A</u>					
Depth - Logger <u>3930'</u>					
Bottom Logged Interval <u>3930'</u>					
Top Logged Interval <u>3500'</u>					
Recorded By <u>SCOTT</u>					
Witnessed By <u>SHEPPARD</u>					
Base Location <u>HOBBS, NEW MEXICO</u>					
Unit No. <u>8723</u>					
Equip. Operator <u>LUNSFORD</u>					
Size Casing Wgt. From To		Type of Well <u>DISPOSAL</u>			
<u>4 1/2"</u>		<u>SURFACE</u>	<u>3917'</u>	Status <u></u>	
				Type of Fluid <u></u>	
				Fluid Level <u></u>	
Tubing					
<u>2 7/8"</u>		<u>SURFACE</u>	<u>T.D.</u>	Injection Rate <u></u>	
				Surface Pressure <u>VACUUM</u>	
Borehole		Surface Temp. <u>62°</u>			
		Bottom Hole Temp. <u>93.3°</u>			

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1960, Hobbs, NM 88240

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

DISTRICT III
1000 Pto Blanco Rd., Alamogordo, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Christie Gas Corporation		Well APN No.
Address Barton Oaks Plaza Two, Suite 515, 901 MoPac Expressway South Austin, Texas 78746		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator El Paso Natural Gas Company, P. O. Box 1492, El Paso, Texas 79978		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell State 13	Well No. 1	Pool Name, including Formation Grayburg	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter L : 1980 Feet From The S Line and 660 Feet From The W Line				
Section 32 Township 23S Range 37E NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> N/A - Saltwater Injection	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> N/A - Saltwater Injection	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?

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, 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	BACKS 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 Ran To Tank	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. 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 **Joe Christie** President
Printed Name **June 26, 1991** 512/327-9510
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
By _____
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.