District I

PO Box 1980, Hobbs, NM 88241-1980

District II PO Drawer DD, Artesia, NM 88211-0719

District III

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

## OIL CONSERVATION DIVISION P.O. Box 2088

1000 Rio Brazos Rd District IV				Santa Fo	e, NM	87504	-2088				AME	NDED REPOR		
PO Box 2088, Sants <b>I.</b>		ION TO TRANSPORT												
<sup>1</sup> Operator name and Address										2 ÖGRID Number				
Shell Western E&P Inc.									020676					
P.O. Box 576							3 1				Reason for Filing Code NEW WELL			
Houston, T					•	Pool Na				NEW		ool Code		
4 API Number														
	25-328		VACUUM WOLFCAMP						62340 9 Well Number					
	perty Cod	6	8 Property Name STATE: "A'							10				
10	10120	<del></del>							<del></del>					
П.	Surfac	e Locatio		Lot. Idn	Feet from the		North/South Line		Feet from the	East/West line		County		
UL or lot no.	Section	Township 17S	Range 35E	Lot. Idii		40	NORTH		940	EAST		LEA		
A 11	31				<u> </u>		1			J				
	Rottor	n Hole L		Lot. Idn	Feet from	m the	North/So	uth Line	Feet from the	East/W	est line	County		
UL or lot no.	Section	Township												
12 Lse Code 13 Pro		p P		Connection Date 3/22/95	e 15 C.	C-129 Permit Numbe		r "	C-129 Effective Date		17 C-129 Expiration Date			
III. Oil an	d Gas													
18 Transporter OGRID	19 T	ransporter Nar and Address		20 POD		21 O/G	22 POD ULSTR Location and Description			on				
022628 TE		EXAS-NEW MEXICO PIPELINE				2805821		0	A, SEC. 31, T17S-R35E "STATE A" BATTERY					
	. O. BOX 2							"STATE A" BATTERY						
		OBBS, NM				0000	200	_						
009171		GPM GAS CORPORATION				2263830 G		A, SEC. 31, T17S-R35E STATE A" BATTERY						
		4044 PENBROOK ODESSA, TX 79762												
		<i>D</i>												
· · · · · · · · · · · · · · · · · · ·														
The second of														
IV. Produ	cod W	ater							<del> </del>					
23 PO		atti			24 F	OD UL	STR Location	n and De	scription					
2805	823	A, SE	C. 31, T17	/S-R35E; "S	TATE A	BATT	ERY							
V Well (	omple								<del></del>					
V. Well Completion Data  25 Spud Date			<sup>26</sup> Ready Date			27 TD			<sup>28</sup> PBTD		<sup>29</sup> Perforations			
2/3/95		6/1/		10,700		10,678		·		9,711-10,126				
<sup>30</sup> Hole Sie		31 Casing & Tubing Size			32 Depth Set				33 Sacks Cement					
24"			20"			40'					60	60		
17-1/2"			13-3/8" (54.50#)			1478'					1350			
12-1/4"			9-5/8" (36#)			3706'			1250			50		
						10,700			2880			80		
	B-3/4" Test De	ata	1	(23# & 26#	"			7,700	L					
VI. Well Test D  34 Date New Oil		35 Gas Delivery Date		36 Test Da	ate	e <sup>37</sup> Tes		h	38 Tbg. Pressure		39 Csg. Pressure			
6/1/9	6/1/95		6/1/95		95	24 HOU		s	40		0			
<sup>40</sup> Choke Size		41 Oil		<sup>42</sup> Water		<sup>43</sup> Gas			44 AOF	45		Test Method		
NA NA		55		3		50				P				
46 I hereby cert	tify that the	rules of the O	il Conservatio	n Division have	been		0	II COI	NSERVATIO	אמ אנ	/ISIO	J		
complied with a	and that the	information g	iven above is t	rue and complete	e to				World Di	).\ DI \		•		
the best of my k	•	e.V.	10/5M)			Approve	d by:							
Printed name		- 1 7 b				Title:		1	eid (Tital			· · · · · · · · · · · · · · · · · · ·		
G. S. MA	ADY					Approval	Date:			-				
MGR ASSET ADMINISTRATION							Approval Date: JUL 0 3 1995							
Date: JUNE	27, 19	95	Phone:	13)-544-3226										
47 If this is a c	change of o	operator fill in	the OGRID nu	mber and name	of the prev	ious ope	rator							
		Previous Opera	tor Signature		··· <del>-</del>	Pr	inted Name		· · · · · · · · · · · · · · · · · · ·	Tit	le	Date		

## New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.

Report all gas volumes at 15.025 PSIA at 60 degrees. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change Gas transporter

Change Gas transporter
Request for test allowable (include volume requested)

If for any other reason write that reason in this box.

- 4. The API number of this well
- 5 The name of the pool for this completion
- The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- 10 The surface location of this completion NOTE: If the number United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.
- The bottom hole location of this completion 11.
- 12. Lease code from the following table:

Federal

SP State Fee

Jicarilla

Ň

Navajo

U Ute Mountain Ute Other Indian Tribe

13. The producing method from the following table:

Flowing

Pumping or other artificial lift

- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
- 18. The gas or oil transporter's OGRID number
- 19 Name and address of transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and water it here. 20
- 21. Product code from the following table:

O G

Gas

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.) 22.
- 23. The POD number of the storage from which water is moved from this property, If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.
- The USLTR location of this POD if is is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36 MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- 38. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44 Gas well calculated absolute open flow in MCF/D

45 The method used to test the well: Flowing

Pumping

S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions 46. about this report.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person. 47.



JUN 2 8 1995

Con Hodel OFFICE