

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
FORMATION 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 checked="" type="checkbox"/>	Oil	<input 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 _____

III. DESCRIPTION OF WELL AND LEASE

Lease Name STATE SECTION 2	Well No. 7	Pool Name, including Formation WANTZ ABO	Kind of Lease State, Federal or Other XXXXXXXXXX	Lease No.
Location Unit Letter V : 660 Feet From The SOUTH Line and 1980 Feet From The WEST Line of Section 2 Township 21-S Range 37-E , NMPM, LEA County				

VI. 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 CORP.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1910, MIDLAND, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO INC.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1137, EUNICE, NM 88231
If well produces oil or liquids, give location of tanks. Unit V Sec. 2 Twp. 21-S Rge. 37-E	Is gas actually connected? YES When 5-23-85

If this production is commingled with that from any other lease or pool, give commingling order number: _____

VII. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Date Spudded 7-13-51	Date Compl. Ready to Prod. 5-23-85	Total Depth 7854'	P.B.T.D. 7415'					
Elevations (DF, RKB, RT, CR, etc.) 3473' DF	Name of Producing Formation WANTZ ABO	Top Oil/Gas Pay 7014'	Tubing Depth 7022'					
Perforations 7014' - 7349'			Depth Casing Shoe 7852'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4"	13-3/8" (32.4#)	225'	250 SX REGULAR
11"	8-5/8" (24, 32#)	3152'	1950 SX 4%
7-7/8"	5-1/2" (15.5, 17#)	7852'	825 SX 4% + 75 SX STRATA

VIII. 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)

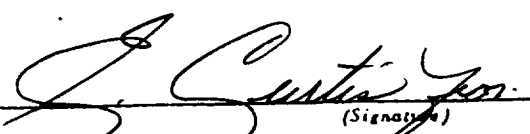
Date First New Oil Run To Tanks 5-23-85	Date of Test 5-29-85	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 30	Casing Pressure 30	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 180	Water-Bbls. 42	Gas-MCF 360

GAS WELL

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

IX. 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 REG. & PERMITTING
(Title)
JUNE 6, 1985
(Date)

OIL CONSERVATION DIVISION

JUN 11 1985

APPROVED _____, 19____
BY **JERRY SEXTON**
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 deviated 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 multiple completed wells.

RECEIVED

JUN 10 1985

U.S. DEPT. OF JUSTICE
HOBBY CENTER