

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 RECEIVED	
DISTRIBUTION	
DATE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator  
**SHELL OIL COMPANY**

Address  
**P. O. BOX 991, HOUSTON, TEXAS 77001**

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead 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 <b>GRIZZELL</b>	Well No. <b>8</b>	Pool Name, Including Formation <b>BLINEBRY OIL AND GAS</b>	Kind of Lease <b>Pat.</b> <del>XXXXXXX</del>	Lease No.
Location Unit Letter <b>P</b> ; <b>990</b> Feet From The <b>SOUTH</b> Line and <b>330</b> Feet From The <b>EAST</b>				
Line of Section <b>8</b> Township <b>22-S</b> Range <b>37-E</b> , NMPM, <b>LEA</b> 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)
<b>SHELL PIPE LINE CORPORATION</b>	<b>P. O. BOX 1910, MIDLAND, TEXAS 79702</b>
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)
<b>GETTY OIL COMPANY</b>	<b>P. O. BOX 1137, EUNICE, NEW MEXICO 88231</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>I</b> Sec. <b>8</b> Twp. <b>22-S</b> Rge. <b>37-E</b>	<b>YES</b> <b>MAY 7, 1982</b>

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>9-06-52</b>	Date Compl. Ready to Prod. <b>5-07-82</b>	Total Depth <b>6513'</b>	P.B.T.D. <b>6505'</b>					
Elevations (DF, RKB, RT, CR, etc.) <b>3413' DF</b>	Name of Producing Formation <b>BLINEBRY</b>	Top Oil/Gas Pay <b>5400'</b>	Tubing Depth <b>2"</b>					
Perforations <b>5400' - 5929'</b>	Depth Casing Shoe <b>----</b>							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13 3/8" (29.3#)	254'	300 SX
11"	8 5/8" (32#)	2796'	1500 SX
7 7/8"	5 1/2" (15.5#)	2559' - 6510'	675 SX
(LINER)			

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 <b>MAY 17, 1982</b>	Date of Test <b>JULY 1, 1982</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMPING</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>30</b>	Casing Pressure <b>----</b>	Choke Size <b>7-1/2"/76</b>
Actual Prod. During Test	Oil-Bbls. <b>3</b>	Water-Bbls. <b>1</b>	Gas-MCF <b>140</b>

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.

*[Signature]* **A. J. FORE**  
SUPERVISOR REGULATORY AND PERMITTING  
(Title)  
**JULY 12, 1982**  
(Date)

OIL CONSERVATION DIVISION  
APPROVED **JUL 15 1982**  
ORIGINAL SIGNED BY  
BY **MARY SEXTON**  
DISTRICT 1 SUPR.  
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.