

VACUUM FIELD, STATE A #10

CHRONOLOGICAL HISTORY OF WELL:

2/4/95	WELL SPUD
5/19/95	COMPLETED AS DUAL, MIDDLE PENN (FLOWING), WOLFCAMP (PUMPING)
9/25/95	DHC-1149 GRANTED
9/26/95	COMMINGLED MIDDLE PENN AND WOLFCAMP DOWNHOLE

NEW MEXICO
OIL CONSERVATION DIVISION

Shuel EXHIBIT *2*

CASE NO. *11435*

WELL SCHEMATIC - SWEPI, State "A" 10
(Dual Completion)

SPUD: 2/95

GL: 3973'
DATUM: 3989 (KB)

13-3/8"
54.5#
1478'
1350 sxs
TOC: Circ

9-5/8"
36#
3706'
1250 sxs

TOC: 4230 (CBL)

DV Tool @ 8635

7"
23# to 5331'
26# 5331 to TD
10700'
2880 sxs

Long String:
2-1/16", J55 tbg.

Short String:
2-3/8", J55 tbg.

NEW MEXICO
OIL CONSERVATION DIVISION

Shell EXHIBIT 3
CASE NO. 11435

Sqz'd perms @ 9444-9656

Wolfcamp Perfs @ 9711-10126'

7" dual string tubing anchor @ 10140'

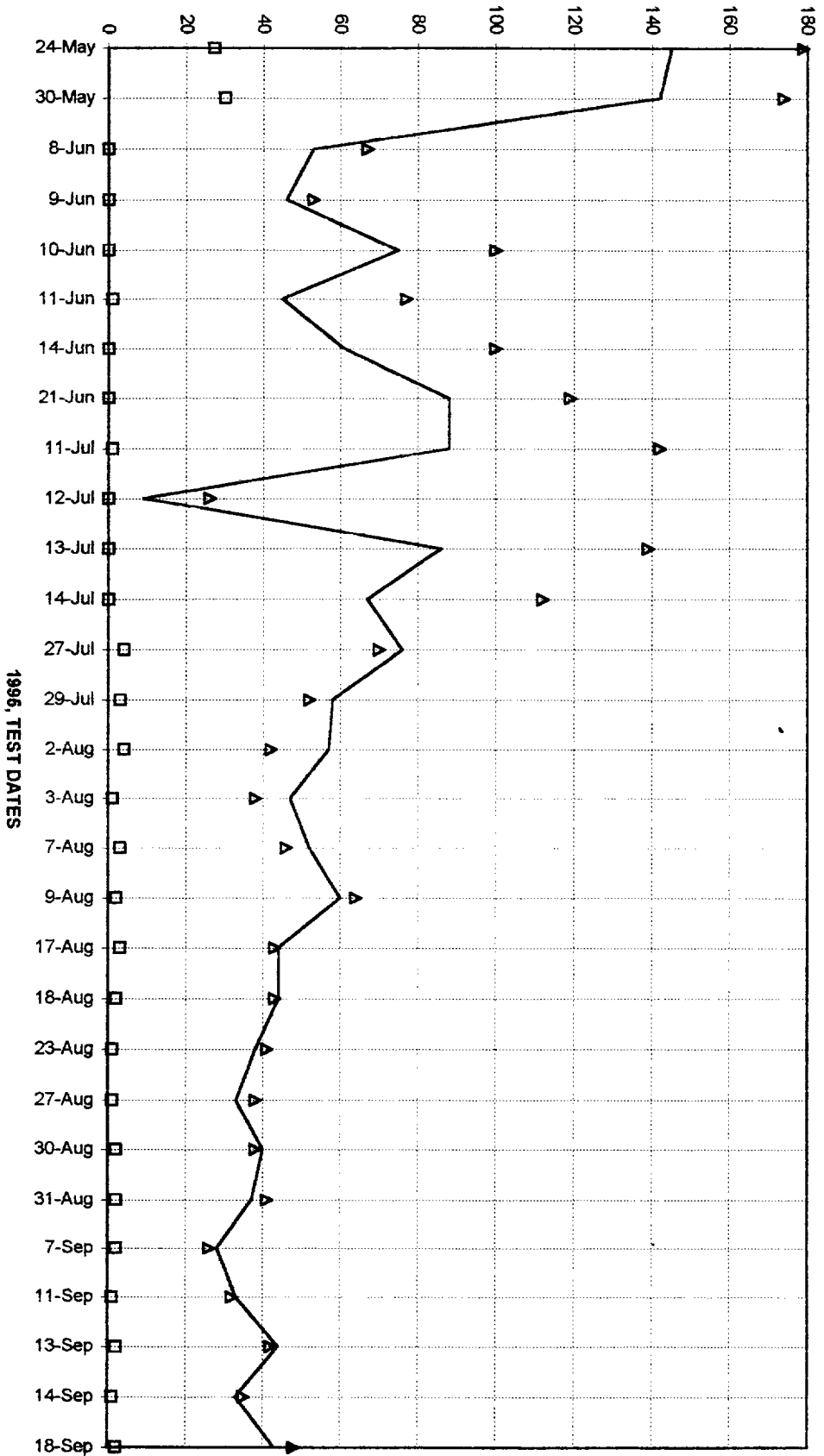
7" Guiberson Uni VI packer @ 10440'

Middle Penn Perfs @ 10524-10800

PBTD: 10,678

TD: 10700'

A10, PENN



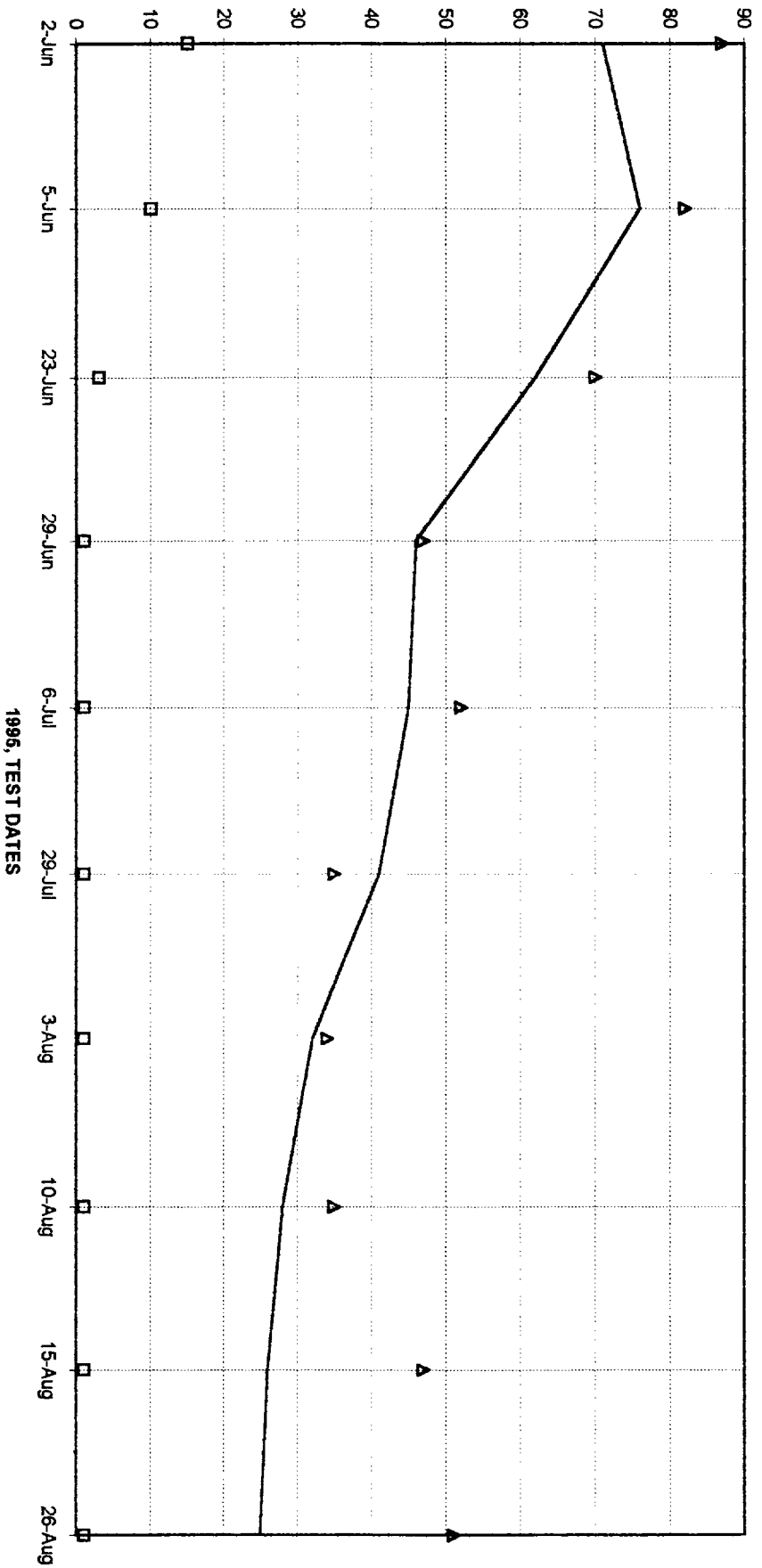
NEW MEXICO

OIL CONSERVATION DIVISION

Shull EXHIBIT 4

CASE NO. 11435

A10, WOLFCAMP



— BOPD OIL □ BWPD WTR ▲ MCFPD GAS

NEW MEXICO
OIL CONSERVATION DIVISION

Shell EXHIBIT *5*

CASE NO. *11435*

WELL SCHEMATIC - SWEPI, State "A" 10

COMMINGLED ROD PUMP COMPLETION

SPUD: 2/95

GL: 3973'
DATUM: 3989 (KB)

13-3/8"
54.5#
1478'
1350 sxs
TOC: Circ

9-5/8"
36#
3706'
1250 sxs

TOC: 4230 (CBL)

DV Tool @ 6635

7"
23# to 5331'
26# 5331 to TD
10700'
2880 sxs

TD: 10700'

Current Status:

90 1" rods (All rods EL)
80 7/8" rods
255 3/4" rods
2x1.5x30' pump
153 jts 2-7/8" tubing
183 jts 2-3/8" tubing
1 jt 2-3/8" w/ TK-99
7" Baker TAC + SN
4' Perfed sub

NEW MEXICO
OIL CONSERVATION DIVISION

Shell EXHIBIT 6
CASE NO. 11435

2-7/8"x2-3/8" crossover @ 4590'±

Sqz'd perms @ 9444-9656

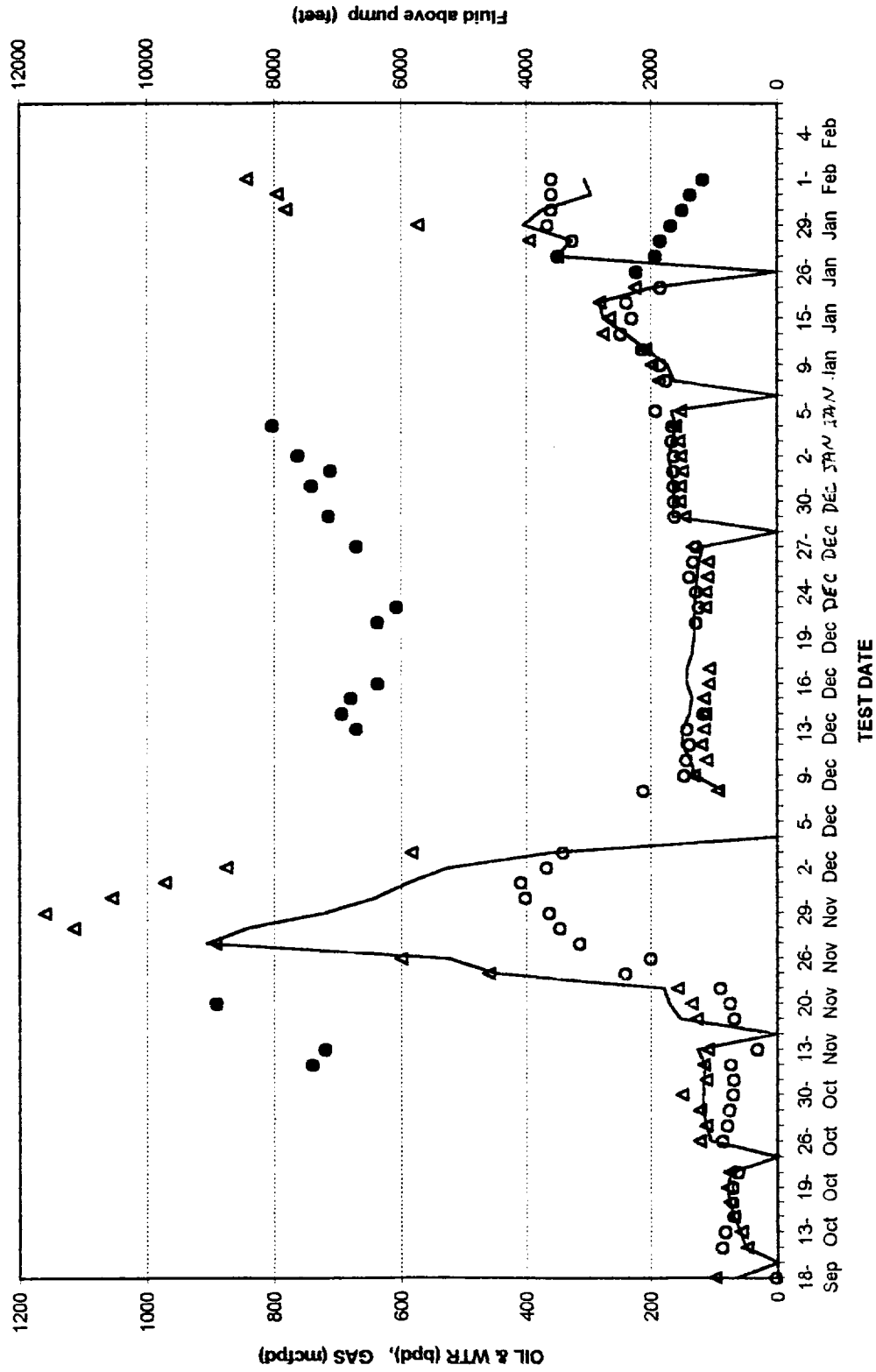
Wolfcamp Perfs @9711-10126'

7"x2-3/8" tubing anchor @ 10140'±

Middle Penn Perfs @ 10524-10600

PBTD: 10,678

VACUUM FIELD, STATE A #10 Production history since commingle



NEW MEXICO
OIL CONSERVATION DIVISION

Shull EXHIBIT 7

CASE NO. 11435 2/2/86

WELL SCHEMATIC - SWEPI, State "A" 10
(Current Completion)

SPUD: 2/95

GL: 3973'
DATUM: 3989 (KB)

13-3/8"
54.5#
1478'
1350 sxs
TOC: Circ

9-5/8"
36#
3706'
1250 sxs

TOC: 4230 (CBL)

DV Tool @ 6635

7"
23# to 5331'
26# ,5331 to TD
10700'
2880 sxs

Tubing String:
2-7/8" & 2-3/8" tapered string, J55

NEW MEXICO
OIL CONSERVATION DIVISION

Shell EXHIBIT *8*

CASE NO. *11435*

Sqz'd perms @ 9444-9656

Wolfcamp Perfs @ 9711-10126'

Electrical Submersible Pump
w/ intake at 10450'

Middle Penn Perfs @ 10524-10600

PBTD: 10,678

TD: 10700'

VACUUM FIELD, STATE A #10
BOTTOM HOLE PRESSURE DATA
AT 10,500 FEET

<u>DATE</u>	<u>PRESSURE, PSIG</u>
1/26/96	**969
1/27/96	839
1/28/96	803
1/29/96	733
1/30/96	653
1/31/96	599
2/1/96	512
2/2/96	384
2/5/96	365
2/6/96	340

Current well tests:

2/5/96: 252 BOPD + 240 BWPD + 602 MCFPD


2/6/96: 228 BOPD + 220 BWPD + 550 MCFPD

**Static pressure prior to pump start up. All other data measured while pumping.

NEW MEXICO
OIL CONSERVATION DIVISION
Shell EXHIBIT 9
CASE NO. 11435

Shell EXHIBIT 10
CASE NO. 11435

SUBSCRIBED AND SWORN TO before me this 5th day of February,
1996, by **James Bruce**.


NOTARY PUBLIC

My commission expires:

10-29-99

HINKLE, COX, EATON, COFFIELD & HENSLEY
P.L.L.C.*

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SANTA FE, NEW MEXICO 87504-2068
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CHARLES R. WATSON, JR.**
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GREGORY J. NIBERT
MARK C. DOW
FRED W. SCHWENDIMANN
JAMES M. HUDSON

*REGISTERED IN NEW MEXICO
AS HINKLE, COX, EATON,
COFFIELD & HENSLEY, P.L.L.C., LTD., CO.

*NOT LICENSED IN NEW MEXICO
*FORMERLY COMPRISING THE FIRM OF
CULTON, MORGAN, BRITAIN & WHITE, P.C.

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

January 12, 1996

Arco Permian
P. O. Box 1610
Midland, Texas 79702-1610

Chevron U.S.A Inc.
Box 1635
Houston, Texas 77251

Marathon Oil Company
Box 552
Midland, Texas 79702-0552

Mobil Exploration & Production U.S. Inc.
Box 633
Midland, Texas 79702-0633

Phillips Petroleum Company
4001 Penbrook
Odessa, Texas 79762

Texaco Exploration and Production Inc.
Box 3109
Midland, Texas 79702-3109

Re: New Mexico Oil Conservation Division Case No. 11435,
The Application of Shell Western E&P Inc. to amend
Division Administrative Order DHC-1149

Dear Sirs:

Enclosed to each of you is a copy of the Amended Application
in the above case, in which Shell seeks to amend Order DHC-1149 to
allow commingled production of 300 bopd and 300 bwpd from its State
"A" Well No. 10, located in the NE1/4NE1/4 of Section 31, Township 17
South, Range 35 East, in Lea County, New Mexico. Shell's records

POST OFFICE BOX 10
ROSWELL, NEW MEXICO 88202
(505) 622-6510
FAX (505) 623-9332

POST OFFICE BOX 3580
MIDLAND, TEXAS 79702
(915) 683-4691
FAX (915) 683-6518

POST OFFICE BOX 9238
AMARILLO, TEXAS 79105
(806) 372-5569
FAX (806) 372-9761

POST OFFICE BOX 2043
ALBUQUERQUE, NEW MEXICO 87103
(505) 768-1500
FAX (505) 768-1529

401 W. 15TH STREET, SUITE 800
AUSTIN, TEXAS 78701
(512) 476-7137
FAX (512) 476-5431

indicate that you are offset operators or lessees to the subject well. This matter has been scheduled for hearing at 8:15 a.m. on Thursday, February 8, 1996 at the Division's office at 2040 South Pacheco Street, Santa Fe, New Mexico. Failure to appear at that time will preclude you from contesting this matter at a later date.

Very truly yours,

HINKLE, COX, EATON, COFFIELD,
& HENSLEY, P.L.L.C., LTD., CO.


James Bruce

JB/yrk

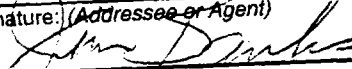
Enclosures

9540191

SENDER: ■ Complete items 1 and 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: CHEVRON U.S.A. INC. BOX 1635 HOUSTON, TEXAS 77251		4a. Article Number P 023 913 337	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery JAN 18 1996	
5. Received By: (Print Name) D. J. K. H. L. L. B. C. N.		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X			

Thank you for using Return Receipt Service.

RETURN ADDRESS completed on the reverse side?

SENDER: <ul style="list-style-type: none">■ Complete items 1 and/o additional services.■ Complete items 3, 4a, and 5.■ Print your name and address on the reverse of this form so that we can return this card to you.■ Attach this form to the front of the mailpiece, or on the back if space does not permit.■ Write "Return Receipt Requested" on the mailpiece below the article number.■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also want to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: MARATHON OIL COMPANY* BOX 552 MIDLAND, TEXAS 79702-0552		4a. Article Number P 023 913 346	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery JAN 17 1996	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X 			
Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/c additional services.
- Complete items 3, 4a, a.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MOBIL EXPLORATION & PRODUCTION
U.S., INC.
BOX 633
MIDLAND, TEXAS 79702-0663

4a. Article Number

P023-913347

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

JAN 17 1995

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/c additional services.
- Complete items 3, 4a, a.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ARCO PERMIAN
P.O. BOX 1610
MIDLAND, TEXAS 79702-1610

4a. Article Number

P 023 913 342

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

JAN 17 1995

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/c additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also want to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PHILLIPS PETROLEUM COMPANY
4001 PENBROOK
ODESSA, TEXAS 79762

4a. Article Number

P 023 913 348

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1-16-91

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

Nancy Bruck

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/c additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also want to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TEXACO EXPLORATION & PRODUCTION, INC.
BOX 3109
MIDLAND, TEXAS 79702-3109

4a. Article Number

P 023 913 349

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

JAN 15 1996

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.