

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
N.M.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

SHELL WESTERN E&P INC.

Address

P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter of:

Recompletion

☐

Oil

☒

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

FORMER TRANSPORTER OF OIL: WESTERN
OIL TRANSPORTATION COMPANY.

If change of ownership give name
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
STATE D	3	MALJAMAR (G/SA)	State, XXXXXXXXX	B2516
Location				
Unit Letter	I	1980 Feet From The	SOUTH Line and	660 Feet From The
Line of Section	10	T. and S.	17-S	Range
			33-E	N.M.P.M.
			LEA	County

3. 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)					
PRIDE PIPELINE COMPANY	BOX 2436, ABILENE, TX 79604					
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)					
PHILLIPS PIPE LINE COMPANY	4001 PENBROOK, ODESSA, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	11	17-S	33-E	YES	4-19-80

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

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Diff. Res.
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	SACKS CEMENT

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	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

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
SUPERVISOR REG. & PERMITTING
(Title)
JANUARY 21, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED **JAN 24 1986**, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT 1 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 deviate 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.