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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator SHELL WESTERN E&P INC.		Well API No. 30-025-23130	
Address P. O. BOX 576, HOUSTON, TX 77001 (wck 4587)			
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Shell currently has authority under			
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Commingling Order PLC-31 to commingle production from		
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> the Paddock (State A No. 7 is only Paddock producer),		
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Blinebry & Drinkard Pools from the State A & State B		
If change of operator give name and address of previous operator			
leases. A 30-day temporary commingling authority is requested to substitute the Lower Blinebry Pool for the Paddock Pool resulting from the recompletion of Shell A State #7 from the Paddock to the			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name SHELL A STATE	Well No. 7	Pool Name, including Formation Hobbs - Lower Blinebry	Kind of Lease State, Pool A XXXXX
Location Unit Letter <u>H</u> : <u>1930</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>18S</u> Range <u>38E</u> , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Pipeline Corp. <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, TX 79702-1910	
Name of Authorized Transporter of Casinghead Gas Phillips Petroleum Company <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4044 Penbrook, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 32	Twsp. 18S
		Rge. 38E	Is gas actually connected? Yes
			When? 1969
If this production is commingled with that from any other lease or pool, give commingling order number: <u>PLC-31 (copy attached)</u>			

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 6/14/69	Date Compl. Ready to Prod. Will submit later with test		Total Depth 7020 feet		P.B.T.D. 6981 feet			
Elevations (DF, AND XXX XXXX) 3646 feet	Name of Producing Formation Blinebry		Top Oil/Gas Pay 6202 feet		Tubing Depth 6157 feet			
Perforations 605, 08, 11, 15, 18, 22, 32, 35, 45, 47, 49, 56, 58, 60 shots/ft)	(2 jet		Depth Casing Shoe 7015 feet					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2 inch	13 3/8 inch		350 feet		350			
12 1/2 inch	8 5/8 inch		3790 feet		1300			
7 7/8 inch	5 1/2 inch		7015 feet		650			
	2 3/8 tubing		6157 feet					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Will submit test data after workover completed)
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 Tank	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

VI. OPERATOR 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. F. N. KELLDORF
Printed Name A. F. N. KELLDORF Title TECH. MGR. - ENVIR. ENG
Date 7-24-92 Telephone No. 713/870-3797

OIL CONSERVATION DIVISION

Date Approved JUL 28 1992
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.