

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PERMITTING OFFICE	

Operator SHELL WESTERN E&P INC.	
Address P.O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 B	Well No. 5	Pool Name, including Formation HOBBS BLINEBRY	Kind of Lease State, Federal or Fee STATE	Lease No.
Location Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST				
Line of Section 33 Township 18S Range 38E, NMPM, LEA Count				

IV. 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"/> PHILLIPS PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TX 79762		
If well produces oil or liquids, give location of tanks.	Unit G 32 18S 38E	Is well actually connected? YES	When 4-27-87

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-654

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input checked="" type="checkbox"/> Plug Back <input type="checkbox"/> Some Rest'v. <input type="checkbox"/> Diff. Re: <input checked="" type="checkbox"/>		
Date Spudded 7-12-69	Date Compl. Ready to Prod. 4-27-87	Total Depth 7000'	P.B.T.D. 6960'
Elevations (DF, RAB, RT, GR, etc.) 3657' DF	Name of Producing Formation BLINEBRY	Top Oil/Gas Pay 5854'	Tubing Depth 6926'
Perforations 5854' - 5975'			Depth Casing Shoe 7000' (LNR)
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" (48#)	360'	350
12-1/4"	9-5/8" (36#)	3799'	1850
8-3/4"	7" LNR (23#)	3597' - 7000'	688

VI. 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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-27-87	Date of Test 5-27-87	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 25	Casing Pressure 25	Choke Size
Actual Prod. During Test	Oil-Bbls. 3	Water-Bbls. 55	Gas-MCF 11

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

VII. 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.

*Eddie Carter for* A. J. FORE  
(Signature)  
SUPERVISOR REG. & PERMITTING  
(Title)  
JULY 2, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 8 1987, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR  
TITLE

This form is to be filled in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deeper 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 all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filled for each pool in multi-completed wells.

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HOBBS Office