

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	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE B	Well No. 5	Pool Name, Including Formation HOBBS DRINKARD	Kind of Lease State, Federal or Fee STATE	Lease
Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line of Section <u>33</u> Township <u>18S</u> Range <u>38E</u> , NMPM, <u>LEA</u> Coun				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☒ or Dry Gas ☐ PHILLIPS PIPE LINE COMPANY <i>66 Natl Gas</i>	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	Sec. 32
	Twp. 18S	Rge. 38E
	Is gas 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

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well ☒	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
	X				X			X
Date Spudded 7-12-69	Date Compl. Ready to Prod. 4-27-87		Total Depth 7000'		P.B.T.D. 6960'			
Perforations 6542' - 6846'	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 6926'		Tubing Depth 6926'			
					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			

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)

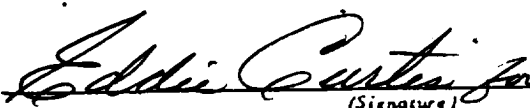
Date First New Oil Run To Tanks 4-27-87	Date of Test 5-27-87	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 25	Casing Pressure 25	Choke Size
Actual Prod. During Test	Oil-Bbls. 6	Water-Bbls. 10	Gas-MCF 99

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (psiat, 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 REG. & PERMITTING

(Title)

JULY 2, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 8 1987, 19BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 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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JUN 8 1987
OCD
HOBBS OFFICE