District I PO Bex 1998, Hobbs, NM 88241-1998 District II PO Drawer DD, Artesia, NM 88211-6719 District III			Sta Earry, Maan OIL CON	J	Subm		և	Form (February 10, astructions or iate District (
1000 Rie Brams Rd., District IV	, Aziec, NM 8741	•	PO Box 2088 Santa Fe, NM 87504-2088					Submit to Appropriate District (5 C				
PO Box 2088, Santa	Fe, NM 87584-208									AM.	ENDED REI	
			ALLOWA	BLE A	ND AL	JTHORIZA	ATION TO) TR	ANSP	ORT	7	
SHELL WEST	FERN E&P I	NC.	AND LIG ADDIE		² OGRID Number							
P. O. BOX 576 (WCK 5237) HOUSTON, TX 77001-0576			\frown				\	020676 'Remove for Filling Code				
API N. 30 - 025-2082					* Pool Nam	e		CG & TO PROVIDE GAS CONN				
' Property		VACUUM DRINKARD 'Property Name STATE E							621			
010123							' Well Number 2					
I. ¹⁰ Surfa	ace Location	the second s		····						2		
N 31		1 1 2	Lot.Ida	Feet from	m the	North/South LL	ne Feet from th	•	East/West	Kas J	Cosaty	
	m Hole Lo	35E	(SAME)	66	50 -	SOUTH	1700		WEST	. 1	LEA	
UL or lot se. Section	on Township	Range	Lot Ida	Feet from	m the	North/South La						
" Lee Code " Pro							· Fost from th		East/West	les	Conaty	
S S	oducing Method C	ode "Gas 12	Connection Date -15-03 18/94 mu)	" " C	-129 Permit	Number	¹⁴ C-129 Effecti	ve De	Le	C-12	9 Expiration Du	
. Oil and G	F as Transpor	ters	18/94 mu)	<u>NA</u>		NA				NA	
¹¹ Transporter OGRID		Transporter	Name		" POD	¹ 0/0	· T · · · · · · · · · · · · · · · · · ·					
	TEYAS NEW		MEXICO PIPELINE				1	²¹ POD ULSTR Location and Description			tice	
	P. O. BOX	2528	PIPELINE	28	805821	0	N, SEC.	_31	, T179	S-R3	5E	
	HOBBS NM GPM	88241	88241					"STATE E DRINKARD"				
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	ODESSA, T	X 79762	2	~~~~		ný s						
Dest												
Produced V	Vater											
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" род 2805823	NO	Mandy Dad		POD UL	POD ULST	R Location and D DC/DESCRII	P. FOR OI	L &	GAS			
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IF T	HIS IS AN AMENDED REPORT, CHECK THE BOX LABLED ENDED REPORT" AT THE TOP OF THIS DOCUMENT	22.	The UL Well co
Repo Repo	rt all gas volumes at 15.025 PSLA at 60°. Int all oil volumes to the nearest whole barrel.	23.	(Examp
A rec acco	quest for allowable for a newly drilled or deepened well must be mpanied by a tabulation of the deviation tests conducted in rdance with Rule 111.	23.	The POI from thi this POI number
All se new	actions of this form must be filled out for allowable requests on and recompleted wells.	24.	The ULS well con (Example
	ut only sectione I, II, III, IV, and the operator cartifications for ges of operator, property name, well number, transporter, or such changes.	25.	Tank*,e MO/DA/
	parate C-104 must be filed for each pool in a multiple	26.	MO/DA/
comp	letion,	27.	Total ve
Impro opera	perly filled out or incomplets forms may be returned to to to the second to the second s	28.	Plugbaci
1.	Operator's name and address	29.	Top and shoe and
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.	inside di
З.	Reason for filing code from the following table:	31.	Outside
	NW New Well RC Recompletion CH Change of Operator	32.	Depth of bottom.
	AU Add oil/condensate transporter	33.	Number
	AG Add gas transporter	The fe	Nowing tee
	CG Change gas transporter RT Request for test allowable (Include volume	conduc	ted only aft
	requested) If for any other reason write that reason in this box.	34,	MO/DA/
4.	The API number of this well	35.	MO/DA/
5.	The name of the pool for this completion	36.	MO/DA/
6.	The pool code for this pool	37.	Length in
7.	The property code for this completion	38.	Flowing t Shut-in ti
8.	The property name (well name) for this completion	39.	Flowing a
9.	The well number for this completion		Shut-in c
10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number	40.	Diameter
	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.	41.	Barrels of
11.		42.	Barrels of
12.	The bottom hole location of this completion	43.	MCF of g
14.	Lease code from the following table:	44.	Gas well
	S State P Fee J Jicarilla	45.	The metho
	J Jicarilla N Navajo		F P
	U Ute Mountain Ute I Other Indian Tribe		S If other m
13.		46.	The signa
	The producing method code from the following table: F Flowing P Pumping or other artificial lift		signed, ar
14.	MO/DA/YR that this completion was first connected to a gas transporter	47.	about this The previo and title
15.	The permit number from the District approved C-129 for this completion		authorized
16.	MO/DA/YR of the C-129 approval for this completion		eigned by
17.	MO/DA/YR of the expiration of C-129 approval for this completion		

- 18. The gas or oil transporter's CIGRID number
- 19. Name and address of the transporter of the product

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- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- 21. Product code from the following table: Oil Gas ā

- STR location of this POD if it is different from the mpletion location and a short description of the PO let: "Battery A", "Jones CPD",etc.]
- O number of the storage from which water is move is property. If this is a new well or recompletion an DD has no number the district office will assign r and write it here.
- STR location of this POD if it is different from the mpletion location and a short description of the POC is: "Battery A Water Tank", "Jones CPD Water and te.)
- YR drilling commenced
- YR this completion was ready to produce
- rtical depth of the well
- * vertical depth
- a bottom perforation in this completion or casing d TD if openhole
- ameter of the well bore
- diameter of the casing and tubing
- casing and tubing. If a casing liner show top and
- of eacks of cement used per casing string

t data is for an oil well it must be from a test ter the total volume of load oil is recovered.

- YR that new oil was first produced
- YR that gae was first produced into a pipeline
- (R that the following test was completed
- hours of the test
- tubing pressure oil wells ubing pressure gas wells
- casing pressure oil wells asing pressure gas wells
- of the choke used in the test
- oil produced during the test
- water produced during the test
- as produced during the test
- calculated absolute open flow in MCF/D
- od used to test the well: Flowing Pumping Swebbing sethod please write it in.

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- ature, printed name, and title of the person I to make this report, the date this report was nd the telephone number to call for questione report
- ue operator's name, the signature, printed name, of the previous operator's representative I to verify that the previous operator no longer this completion, and the date this report was that person