

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Shell Western E&P Inc.		Well API No.
Address P.O. Box 576 Houston, TX 77001-0576 (work 32-37)		CASINGHEAD GAS MUST NOT BE
Reason(s) for Filing (Check proper box) 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 Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		FLARED AFTER 2-15-94 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of operator give name and address of previous operator: THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE E	Well No. 2	Pool Name, Including Formation VACUUM DRINKARD	Kind of Lease State, Federal or Fee STATE	Lease No.
Location Unit Letter N : 660 Feet From The SOUTH Line and 1700 Feet From The WEST Line Section 31 Township 17S Range 35E , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PIPELINE <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 2528, HOBBS, NM 88241					
Name of Authorized Transporter of Casinghead Gas PHILLIPS PETROLEUM CO. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK ST., ODESSA, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? NO	When ?

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

CTB-224

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen X	Plug Back	Same Res'v	Diff Res'v X
Date Spudded 3/3/64	Date Compl. Ready to Prod. 10-19-93		Total Depth 10,406'		P.B.T.D. 7605'			
Elevations (DF, RKB, RT, GR, etc.) 3996' DF	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 7534'		Tubing Depth 7390'			
Perforations 7534' - 7904'					Depth Casing Shoe 9505'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2 IN.	13-3/8 IN.		332'		300			
12-1/4 IN.	9-5/8 IN.		3285'		475			
8-3/4 IN.	7 IN.		9505'		1800			
	2-3/8 IN. TBG		7495'					

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 Tank 10-12-93	Date of Test 11-13-93	Producing Method (Flow, pump, gas lift, etc.) FLW'G	
Length of Test 24 HRS	Tubing Pressure 400	Casing Pressure 0	Choke Size 12/64
Actual Prod. During Test	Oil - Bbls. 190	Water - Bbls. 0	Gas- MCF 162

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 J. A. J. DURRANI ASSET ADMIN.
Printed Name A. J. DURRANI TECH. MGR. -
Date 12/10/93 Title 713/544-3797
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 15 1993

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.