

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 (WCK 4465) P.O. Box 576 Houston, TX 77001-0576		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/>		<input checked="" type="checkbox"/> Other (Please explain) REQUEST FOR TESTING ALLOWABLE OF 5610 BO FOR 10/93.
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

### 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 <u>N</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1700</u> Feet From The <u>WEST</u> Line Section <u>31</u> Township <u>17S</u> Range <u>35E</u> , <u>NMPM</u> , <u>LEA</u> 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 <del>PHILLIPS PETROLEUM CO.</del> <u>OPN Gas Corp</u> <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 <u>NO CHANGE</u>	Sec. <u>17S</u> Twp. <u>35E</u> Rge. <u>NMPM</u>	Is gas actually connected? <u>NO</u>	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 <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 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		7390'				

### 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 10-20-93	Producing Method (Flow, pump, gas lift, etc.) FLW'G	
Length of Test 9 HRS	Tubing Pressure ~ 200	Casing Pressure 0	Choke Size FULL
Actual Prod. During Test	Oil - Bbls. 66	Water - Bbls. 119	Gas - MCF NA

### 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 J. Marcus Winters  
A. J. DURRANI  
Printed Name  
10/22/93  
Date  
ASSET ADMIN.  
TECH. MGR. - A  
Title  
713/544-3797  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved OCT 26 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.
- Separate Form C-104 must be filed for each pool in multiply completed wells.