

District I
PO Box 1900, Hobbs, NM 88241-1900

District II

PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brancos Rd., Aztec, NM 87410

District IV

PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address SHELL WESTERN E&P INC. P. O. BOX 576 (WCK 5237) HOUSTON, TX 77001-0576		OGRID Number 020676
API Number 30 - 0 25-32298	Pool Name VACUUM DRINKARD	Reason for Filing Code NW
Property Code 010122	Property Name STATE "D"	Pool Code 62110
		Well Number 3

II. Surface Location

UL or lot no. M	Section 31	Township 17S	Range 35E	Lot Ida	Feet from the 330	North/South Line SOUTH	Feet from the 695	East/West Line WEST	County LEA
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Bottom Hole Location (SAME)

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
Lee Code S	Producing Method Code F	Gas Connection Date 1/18/94	C-129 Permit Number NA	C-129 Effective Date NA	C-129 Expiration Date NA				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
022628	TEXAS-NEW MEXICO PIPELINE P. O. BOX 2528 HOBBS, NM 88241	2805821	0	N, SEC. 31, T17S-R35E
009171	GPM 4044 PENBROOK ODESSA, TX 79762	2804583	G	"STATE E DRINKARD"
				" " " "

IV. Produced Water

POD 2805823	POD ULSTR Location and Description NO DIFFERENCE FROM POD ULSTR LOC/DESCRIP. FOR OIL & GAS
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V. Well Completion Data

Spud Date 11/23/93	Ready Date 1/18/94	TD 8049'	PBTD 8004'	Perforations 7525' - 7844'
Hole Size 24"	Casing & Tubing Size CONDOR	Depth Set 40'	Sacks Cement 1255	
17-1/2"	13-3/8"	1463'	1015	
11"	8-5/8"	3200'	1010	
7-7/8"	5-1/2"	8049'		

VI. Well Test Data

Date New Oil 1/18/94	Gas Delivery Date 1/18/94	Test Date 2/15/94	Test Length 24 HRS	Tbg. Pressure 270	Csg. Pressure 0
Choke Size 14/64	Oil 143	Water 4	Gas 115	AOF NA	Test Method F

I hereby certify that the rules 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:

Printed name:

Title:

Date:

Phone: 713/544-3797

If this is a change of operator fill in the OGRID number and name of the previous operator

OIL CONSERVATION DIVISION
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Approved by:

Title:

Approval Date:

MAR 21 1994

Previous Operator Signature

Printed Name

Title

Date

22.	The ULSTR location of this POD if it is different from the (Example: "Battery A", "Jones CPD", etc.)	
23.	The POD number of the storage from which water is moved from this property. 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.	
24.	The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)	
25.	MO/D&A/YR drilling commenced	
26.	MO/D&A/YR this completion was ready to produce	
27.	Total vertical depth of the well	
28.	Plugback vertical depth	
29.	Top and bottom perforation in the completion or casing shoe and TD if openhole	
30.	Inside diameter of the well bore	
31.	Outside diameter of the casing and tubing	
32.	Depth of casing and tubing. If a casing liner show top and bottom.	
33.	Number of sacks of cement used per casing string	
34.	The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.	
35.	MO/D&A/YR that gas was first produced into a pipeline	
36.	MO/D&A/YR that the following test was completed	
37.	Length in hours of the test	
38.	Flowing tubing pressure - oil wells	
39.	Shut-in tubing pressure - gas wells	
40.	Flowing casing pressure - oil wells	
41.	Shut-in casing pressure - gas wells	
42.	Diameter of the choke used in the test	
43.	Barrels of oil produced during the test	
44.	Barrels of water produced during the test	
45.	MCF of gas produced during the test	
46.	Gas well calculated absolute open flow in MCF/D	
47.	The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in.	
48.	The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report	
49.	The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person	
50.	MO/D&A/YR that this completion was first connected to a gas transporter	
51.	The permit number from the District approved C-129 for this completion	
52.	MO/D&A/YR of the C-129 approval for this completion	
53.	MO/D&A/YR of the expiration of C-129 approval for this completion	
54.	The gas or oil transporter's OGRID number	
55.	Name and address of the transporter of the product	
56.	The number assigned to the POD from which the 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.	
57.	Product code from the following table: G Gas O Oil	

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°

Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for other such changes.

A separate C-104 must be filled for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

Operator's name and address

Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

Reason for filling code from the following table:
NW New Well
RC Recompletion
CH Change of Operator
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (include volume requested)

If for any other reason write that reason in this box.

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

The well number for this completion

The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter.

The bottom hole location of this completion

Lease code from the following table:
F Federal
S State
P Private
J Judicial
N Navajo
U Ute Mountain Ute
I Other Indian Tribe

The producing method code from the following table:
F Flowing
P Pumping or other artificial lift

MO/D&A/YR that this completion was first connected to a gas transporter

The permit number from the District approved C-129 for this completion

MO/D&A/YR of the C-129 approval for this completion

MO/D&A/YR of the expiration of C-129 approval for this completion

The gas or oil transporter's OGRID number

Name and address of the transporter of the product

The number assigned to the POD from which the 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.

Product code from the following table:
G Gas
O Oil