

APPROVAL DATE	APPROVED
FILE NO.	
NUMBER	
LEASE NUMBER	
TRANSPORTER	OIL GAS
OPERATOR	
PERMIT NUMBER OF WELL	
Address	

TEXAS STATE OIL AND GAS COMMISSION

REGULATORY DIVISION - WELLS

TRANSMISSION
REGULATORY DIVISION
TRANSPORTATION

AUTHORITY TO TRANSPORT OIL AND NATURAL GAS

<i>Shell Oil Co. of America</i>	
O.C. Box 4-76, Midland, TX 79708-2140	
Address	
Permit Number (Check proper box)	
New Well	<input type="checkbox"/>
Recompletion	<input checked="" type="checkbox"/> OH
Change in Ownership	<input type="checkbox"/>
Changes in Transporter or Contractor (Check proper box)	
Changes in ownership give name and address of previous owner _____	
(Change of ownership give name and address of previous owner _____)	

Changes in Transporter or Contractor (Check proper box)

*Change requested effective _____
Lumbell Effective _____
Export Agree State 1-2*

DESCRIPTION OF WELL AND LEASE
 Location _____, County _____, Texas _____, and State _____, and license No. _____
 Lease No. _____
 Service Documented 1970, To _____, Payment _____
 Location _____

Unit Letter M, located _____ Feet From The South Line and 1000 Feet From The West Line
 Line of Section 31, Range 22-5, Township 37-E, N.W.M.

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter _____, Address _____, City _____, State _____, and Zip Code _____
 Shell Pipe Line Company Box 1910 Midland Tx 79701
 Phillips Petroleum Company 4001 Penbrook Odessa Tx 79761
 If well produces oil or liquids, give location of tanks. N 181 205 37E 385 Unknown
 If this production is commingled with that from any other lease or pool, give corresponding order number.

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Casing <input type="checkbox"/> Drilled Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Drill Bit <input type="checkbox"/> Drill Stem Test <input type="checkbox"/> Other _____
Tools required <input type="checkbox"/> Casing <input type="checkbox"/> Ready to Prod. <input type="checkbox"/> Total Depth <input type="checkbox"/> P.D. P.D.
Revolving (DR, RSP, RT, CR, etc.) <input type="checkbox"/> Name of Production, Formation <input type="checkbox"/> Top Oil / Top Pay <input type="checkbox"/> Tearing Depth
Perforations <input type="checkbox"/> Casing <input type="checkbox"/> Casing, L. C. <input type="checkbox"/> Depth Casing, L. C.

TUBING, CASE & CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACK CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of fluid oil and must be equal to or exceed capacity for the depth to be tested)			
Oil First Run To Tank	Oil at sea	Production Method (Pump, pump gas lift, etc.)	
Length of Test	Tearing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil + Gas	Water + Gas	Oil + Gas

TEST WELL			
Actual Prod. Rate (MOPD)	Length of Test	Rate, Contact with oil	Gravity of Crude, 60°
Actual Prod. Rate, (MOPD)	Drilling Pressure (Choke-in)	Drilling Pressure (Choke-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED <i>Mar 15 1995</i> ORIGINALLY ISSUED BY <i>DETTON</i> , 19 _____ BY <i>DISTRICT 1 SUPERVISOR</i>	
<i>R.P. Price</i> (Signature) AREA ENGINEER (Title) <i>1-2-25</i> <i>1-2-25</i> <i>1-2-25</i>		TITLE _____ This form is to be filed in compliance with RULE 104. If this is a request for allowable for a newly drilled or deeper well, duly forward to the appropriate oil or gas transmission company with test results taken on the well in accordance with rule 111. All oil and gas wells must be filled out completely and filled in black ink and signed by the operator. Fill out only sections I, II, III, and VI for changes of owner with name or number, or transporter, or other such change of condition.	