STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DEC

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(Date)

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	ISPORT OIL AND NATURAL GAS
SHELL WESTERN E&P INC.	
P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435	·
New Well Change in Transporter of:	Other (Please explain) The Owen well #1 in the Blinebry, Dry Car Drinkard and Tubb pools. Condensate Unitization R-8540
If change of ownership give name Bravo Energy Inc.	, P.O. Box 2160, Hobbs, NM 88241
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including NORTH EUNICE NORTHEAST DRINKARD UNIT 615 DRINKARD OIT	Formation BLINEBRY-TUBB- Kind of Lease Lease No. State, Federal or Fee Fee
Unit Letter E: 1980 Feet From The North	37E , NMPM, LEA COURTE
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Oil XX or Condensate Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry GasXX El Paso Natural Gas Company	P.O. Box 1910, Midland, TX 79702 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492. El Paso. TX 79978
If well produces oil or liquids. Que location of tanks. Unit Sec. Twp. Rgs. E 14 21S 37E	P.O. Box 1492, El Paso, TX 79978 Is gas actually connected? When Yes 10/14/54
If this production is commingled with that from any other lease or pool, NOTE: Complete Parts IV and V on reverse side if necessary.	give commingling order number:
VI. CERTIFICATE OF COMPLIANCE hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and complete to the best of my knowledge and belief.	OIL CONSERVATION DIVISION APPROVED DEC 1987 BY STEEL VSUPERVISOR
A. J. FORE (Signature) SUPERVISOR REGULATORY & PERMITTING (Title)	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable processing.
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able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

V. COMPLETION DATA				1 11 11-11	i Washawaa	Deepen	Plug Bacz	Same Resty	. Diff. Rest	
Designate Type of Completi	on - (X)	Oil Weil	Gas Well	Nam Mett	Workover	 	1	1	1	
Date Spudded		I. Reday to I	Prod.	Total Dept	n		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ions (DF, RKB, RT, GR, etc.) Name of Producing Forms		mation	Top Cil/Gas Pay			Tubing Copin			
Perforations	riorations							Depth Casing Shoe		
		TUBING.	CASING, AN	O CEMENT	NG RECOR	0				
HOLE SIZE	CAS	ING & TUB	ING SIZE		OEPTH SS	<u>. T</u>	<u> </u>	ACKS CEME	ENT	
										
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OIL WELL			(Test must be					aqualto or ex	esed top all	
OIL WELL	FOR ALL		(Test must be able for this c		of total volu full 24 hours Method (Flou		lift, etc.)		cred top all	
OIL With Date First New Cil Run To Tanks)#£	(Test must be able for this (Method (Flou				cred top all	
OIL With Date First New Cil Run To Tanks	Date of To	ee e m. d.	(Test must be able for this c	Preducing	Method (Flow		lift, etc.)		cred top ail:	
OIL WELL Date First New Cil Run To Tanza Length of Test	Date of To	ee e m. d.	(Test must be able for this o	Producing Casing Pro	Method (Flow		Choke Size		cred top ail:	
OIL WILL Date First New Cil Run To Tanks Length of Test Actual Prod. During Test	Date of To	easwe	(Test must be able for this c	Preducing Casing Pro	Method (Flow	, punp, gas	Chore Size	•	ceed top ail.	
Date First Now Cil Run To Tanks Langth of Test	Date of To	easwe	(Test must be able for this o	Preducing Casing Pro	Method (Flow	, punp, gas	Chore Size		cred top all	



EW MEXICO OIL CONSERVATION COMMUSION WELL LOCATION AND ACREAGE DEDICATION PLAT

Form 0-102 Supersedes C-128 Effective 1-1-65

All distances must be from the outer boundaries of the Section. Sperator Legse SHELL WESTERN E&P INC. Well No. NORTHEAST DRINKARD UNIT 615 Section Townsnip County 14 215 37E Actual Factage Location of Well: LEA 1980 feet from the North 660 West Ground Levet Elev. Producing Formation Foci NORTH EUNICE BLINEBRY-TUBB-3430 DRINKARD OIL & GAS 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. Acres 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc? X Yes If answer is "yes." type of consolidation _ No UNITIZATION If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commis-CERTIFICATION I hereay certify that the information contained herein is true and complete to the best of my knowledge and belief. SUPV. REG. & PERMITTING SHELL WESTERN E&P INC. DFC I hereby certify that the well location shown on this plat was platted from fleid is true and correct to the best of knowledge and belief. Date Surveyed Redistered Professional Engineer mator Land Surveyor Certificate No. 330

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