

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Shell Western E&P Inc.		Well API No. 30-025-06351
Address P.O. Box 576 Houston, TX 77001-0576 (WLLK 4587)		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTHEAST DRINKARD UNIT	Well No. 224	Pool Name, Including Formation N. EUNICE BLINEBRY-TUBB-DRINKARD	Kind of Lease State, Federal or Fee STATE	Lease No.
Location Unit Letter <u>J</u> : <u>4302.8</u> Feet From The <u>SOUTH</u> Line and <u>2317</u> Feet From The <u>EAST</u> Line Section <u>2</u> Township <u>21S</u> Range <u>37E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil SHELL PIPE LINE CORP. <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 1910, MIDLAND, TX 79702-1910					
Name of Authorized Transporter of Casinghead Gas TEXAS-NEW MEXICO PIPELINE 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) P. O. BOX 2528, HOBBS, NM 88241-2528					
If well produces oil or liquids, give location of tanks.	Unit S	Sec. 2	Twsp. 21S	Rge. 37E	Is gas actually connected? YES	When? 4-10-92

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

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 2-18-53	Date Compl. Ready to Prod. 4-09-53		Total Depth 8700'		P.B.T.D. 7075'			
Elevations (DF, RKB, RT, GR, etc.) 3496' DF	Name of Producing Formation BLINEBRY-TUBB-DRINKARD		Top Oil/Gas Pay 5760'		Tubing Depth 6948'			
Perforations 5760' - 6866'					Depth Casing Shoe 8280'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" (48#)		299'		350			
12-1/4"	9-5/8" (32.3, 36#)		2999'		1657			
8-3/4"	7" (23 & 26#)		8280'		700			

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	Date of Test 5-15-92	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 35	Casing Pressure 35	Choke Size ---
Actual Prod. During Test	Oil - Bbls. 17	Water - Bbls. 21	Gas- MCF 75

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
W. F. N. KELLDORF
Printed Name
6-17-92
Date
TECH. MGR. - ENVIR. ENG.
(713) 870-3426
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 28 1992

By _____

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.

RECEIVED
JUN 22 1992
OCD HOBBS OFFICE

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO. 30-025-06351
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NORTHEAST DRINKARD UNIT
8. Well No. 224
9. Pool name or Wildcat N. EUNICE BLINEBRY-TUBB-DRINKARD
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3496' GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator
Shell Western E&P Inc.
3. Address of Operator
P.O. Box 576 Houston, TX 77001-0576 (wch 4587)

4. Well Location
Unit Letter J : 4302.8 Feet From The SOUTH Line and 2317 Feet From The EAST Line
Section 2 Township 21S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3496' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: RECOMP TO UNITIZED INTERVAL <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3-30 TO 4-10-92:

CO TO 6009' W/SCRPR. WASHED OUT FILL TO 6330', TAG CMT. DO CMT TO 6350', TAG CIBP.
DRLD ON CIBP, FELL THRU. TAG FILL @ 6545'. CO TO 6616', TAG CIBP. DO CIBP &
UNDERLYING CMT TO 6760', FELL FREE. TAG CIBP @ 7075'. RUN CNL/NGT FROM 7061' TO
5400'. PERF BLINEBRY-TUBB-DRINKARD 5760' - 6866' (2 SPF). ACD PERFS 5760' - 6866' W/
10,500 GAL 15% NEFE HCL + 4650# ROCK SALT. INST PROD EQMT & RTP.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE W. F. N. Kelldorf TITLE TECH. MANAGER - ENVIR. ENG. DATE 6/15/92
TYPE OR PRINT NAME W. F. N. KELLDORF TELEPHONE NO. 713/870-3426

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

1000

3A Blush. Dated 7-2-92

RECEIVED

JUN 22 1992

WPA HARRIS DIST