ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTIO			
SANIA FE			
FILE			
U.8.0.8,			
LAND OFFICE			
TAANSPORTER	OIL		
TARRETURIER	OAS		
OPERATION			
PAGRATION OFFICE			

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

	TALE U.S.U.S. LAND OFFICE TRANSPORTER OIL AND AND AND AND AND AND AND AN										
1.	OPERATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PAGNATION OFFICE Operator										
	SHELL WESTERN E&P INC.										
	Address DOV 001 HOUSTON	TEVAC 77001	·								
	P. O. BOX 991, HOUSTON, TEXAS 77001 Reason(s) for liling (Check proper box) Other (Please explain)										
	New Well	Change in Transporter of: OII Dry Gas									
	Recompletion X Change in Ownership	Oil Dry Gas Casinghead Gas Condens	高!								
	If change of ownership give name and address of previous owner										
11.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Fo	rmation Kind of Leas	• Lease No.							
	STATE SEC. 2	8 HARE-SIMPSON	State, Federa	B-9745							
	Location	· · · · · · · · · · · · · · · · · · ·		USOT							
	Unit Letter L : 3546	Feet From The NORTH Line	and 660 Feet From	The WEST							
	Line of Section 2 T. AT	nship 21-S Range	37-Е , мерм,	LEA County							
н.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)										
	Name of Authorized Transporter of Oil X or Condensate		P. O. BOX 1910. MIDLAND, TEXAS 79702								
	SHELL PIPE LINE CORPORATION Name of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address to which approved copy of this form is to be sent)								
	GETTY OIL COMPANY		P. O. BOX 1137, FUNICE, NM 88241 Is gas actually connected? When								
	If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When Sec. Twp. Rge. Twp. Twp. Rge. Twp. Twp. Rge. Twp. Twp.										
1 V .	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA LOUWELL Cos Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.										
	Designate Type of Completion	n — (X) Gas Well	New Well Workover Deepen	X							
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	9-16-51	6-1-84	8156 Top Oil/Gas Pay	5990' Tubing Depth							
	Lievations (Dr., Milb, Kr., On, etc.)	Name of Producing Formation MCKEE	7649'	7812							
	3498 DF Perforations			Depth Casing Shoe							
Perforations 7649-7833, 7655-7834 TUBING, CASING, AND CEMENTING RECORD											
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
	17-1/4"	13-3/8" (48#)	219'	250 SX							
	11"	8-5/8" (32, 28#)	31491	2000 SX 800 SX							
	7-7/8"	5-1/2" liner (17,15.5#	2985'-8018'	1 800.24							
.*.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	ter recovery of sosal volume of load of pth or be for full 24 hours)	l and must be equal to or exceed top allow							
	IL WELL Date First New Oil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc.)								
		6-2-84 7-5-84 Ca		Choke Size							
	Length of Test		Casing Pressure								
	24 HRS. Actual Prod. During Test	28 OII-Bble.	Water-Bbls.	Gas - MCF							
	Ketaal Ploa. Dalaid	12	4	150							
	CACHELY										
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensute/MMCF	Gravity of Condensate							
	Testing Method (pitot, back pr.)	Tubing Preseure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
	Teeting Method (pitol, Back pity)										
A. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION APPROVED									
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.											
								This form is to be filed in compliance with MULE 1104.			
					Laui Custin for.			If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation			

SUPERVISOR REG. & PERMITTING FORE,

(Title) JULY 12, 1984 (Date) tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for allow 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 multiple completed wells.

RECEIVED

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JUL 1 6 1984

OCO. HOBBS CARICE