

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator SHELL WESTERN E&P INC.	
Address P.O. BOX 991, HOUSTON, TX 77001	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name STATE SEC. 2	Well No. 10	Pool Name, including Formation HARE SIMPSON	Kind of Lease State, Federal or Fee STATE	Lease No.
Location				
Unit Letter T ; 2310 Feet From The SOUTH Line and 988 Feet From The WEST				
Line of Section 2 Township 21-S Range 37-E, NMPM, LEA County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
SHELL PIPE LINE CORPORATION	P.O. BOX 1910, MIDLAND, TEXAS 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
GETTY OIL COMPANY	P.O. BOX 1137, EUNICE, NM 88241
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
S 2 21-S 37-E	YES 7-28-84

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>		
Date Spudded 12-5-51	Date Compl. Ready to Prod. 7-28-84	Total Depth 7985'	P.B.T.D. -----
Elevations (DF, RAB, RT, GR, etc.) 3486' DF	Name of Producing Formation MCKEE	Top Oil/Gas Pay 7627'	Tubing Depth 7625'
Perforations 7627' - 7941'	Depth Casing Shoe 7984'		

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4"	13-3/8" (48#)	211'	250 SX
11"	8-5/8" (32#)	3152'	1800 SX
7-7/8"	5-1/2" (17, 15.5#)	7984'	870 SX

## 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 Tanks 7-28-84	Date of Test 8-26-84	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS	Tubing Pressure 30	Casing Pressure 30	Choke Size -----
Actual Prod. During Test	Oil-Bble. 23	Water-Bble. 0	Gas-MCF 63

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## 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)  
SUPERVISOR REGULATORY & PERMITTING  
(Title)  
JANUARY 8, 1985  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 14 1985, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened 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 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 filled for each pool in multiple completed wells.

RECEIVED

JAN 11 1985

O.C.D.  
HOBBS OFFICE