

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.

1. TYPE OF WELL

OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐

2. TYPE OF COMPLETION

NEW WELL ☐ WORK OVER ☒ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☒ OTHER ☐

3. Name of Operator

SHELL WESTERN E&P INC.

4. Address of Operator

P. O. BOX 991, HOUSTON, TX 77001

5. Location of Well

WIT LETTER FN LOCATED 2970 FEET FROM THE SOUTH LINE AND 1650 FEET FROMRANGE WEST LINE OF SEC. 2 TWP. 21-S RGE. 37-E NMPM

12. County

LEA

15. Date Spudded 3-3-52 16. Date T.D. Reached 4-14-52 17. Date Compl. (Ready to Prod.) 6-19-84 18. Elevations (DF, RKB, RT, GR, etc.) 3494' DF 19. Elev. Casinghead -----

20. Total Depth 8143' 21. Plug Back T.D. 8000' 22. If Multiple Compl., How Many N/A 23. Intervals Drilled By Rotary Tools Cable Tools X

24. Producing Interval(s), of this completion - Top, Bottom, Name

7647' to 7863' (HARE SIMPSON)

26. Type Electric and Other Logs Run

25. Was Directional Survey Made

27. Was Well Cored

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	48#	193'	17-1/2"	250 SX REGULAR	-----
8-5/8"	28.5#, 32#	3148'	11"	1500 SX 4% + 400 SX NEAT	-----
5-1/2"	15.5#, 17#	8032'	7-7/8"	500 SX NEAT	-----

LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2"	7630'	-----

28. Perforation Record (Interval, size and number)

7647' to 7863' (25 - 1/2" holes)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
7925' TO 7961'	ACIDIZED W/2000 GALS 15% NEA
7647' TO 7863'	ACIDIZED W/3750 GALS 15% NEA

PRODUCTION

3. Date First Production 4-23-84	Production Method (Flowing, gas lift, pumping - Size and type pump) PUMPING - 2" X 1 1/2" X 20' HIGHLAND PUMP	Well Status (Prod. or Shut-in) PRODUCING
Date of Test 7-5-84	Hours Tested 24	Choke Size ---
Flow Tubing Press. ---	Calculated 24-Hour Rate 30	Prod'n. For Test Period 5
	Oil - Bbl. 5	Gas - MCF 80
	Water - Bbl. 10	Gas - Oil Ratio 16000
	Oil Gravity - API (Corr.) 40.8	

4. Disposition of Gas (Sold, used for fuel, vented, etc.)

SOLD

Test Witnessed By

5. List of Attachments

C-104 (5), C-102 (3), C-103 (3)

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED

A. J. FORE

TITLE SUPERVISOR REG. & PERMITTING DATE AUGUST 22, 1984

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
D. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____ 7497'	T. Gallup _____	T. Ignacio Qtzite _____
T. Glorieta _____ 5312'	T. McKee _____ 7654'	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____ 7977'	T. Dakota _____	T. _____
T. Blinberry _____	T. Gr. Wash _____ 8134'	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todillo _____	T. _____
T. Drinkard _____ 6590'	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____ 6865'	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Pennian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from _____ to _____	No. 4, from _____ to _____
No. 2, from _____ to _____	No. 5, from _____ to _____
No. 3, from _____ to _____	No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet	_____
No. 2, from _____ to _____ feet	_____
No. 3, from _____ to _____ feet	_____
No. 4, from _____ to _____ feet	_____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	5700	5700	NO SAMPLES TAKEN				
5700	6860	6860	DOLOMITE				
6860	7050	190	LIME				
7050	7500	450	DOLOMITE & LIME				
7500	7650	150	LIME & SHALE				
7650	7980	330	SAND, LIME & SHALE				
7980	8020	40	LIME				
8020	8134	114	DOLOMITE & SAND				
8134	8143	9	GRANITE WASH				

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AUG 27 1984

OFFICE

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.U.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

1. OPERATOR	
SHELL WESTERN E&P INC.	
Address	
P. O. BOX 991, HOUSTON, TEXAS 77001	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
STATE SECTION 2	13	HARE-SIMPSON	State, Federal or Fee STATE	
Location				
Unit Letter <u>FN</u> : 2970 Feet From The <u>SOUTH</u> Line and 1650 Feet From The <u>WEST</u>				
Line of Section 2 Township 21-S Range 37-E, NMPM, LEA County				

III. 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, NEW MEXICO 88231					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	T	2	21-S	37-E	YES	6-19-84

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X				X
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
3-3-52	6-19-84		8143'		8000'			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3494' DF	HARE-SIMPSON		7647'		7630'			
Perforations					Depth Casing Shoe			
7647' - 7863'					8032'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" (48#)		193'		250 SX REGULAR			
11"	8-5/8" (28.5,32#)		3148'		1500 SX 4% + 400 SX NEAT			
7-7/8"	5-1/2" (15.5,17#)		8032'		500 SX NEAT			

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)

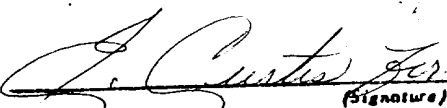
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-23-84	7-5-84	PUMPING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS	30	30	----
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	5	10	80

GAS WELL

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

VI. 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)
A. J. FORE, SUPERVISOR REG. & PERMITTING
(Title)
AUGUST 22, 1984
(Date)

OIL CONSERVATION DIVISION

AUG 29 1984

APPROVED _____, 19____

BY _____

TITLE Oil & Gas Inspector

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 deviate 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 filed for each pool in multiple completed wells.

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AUG 27 1984

CLERK
HOBBS OFFICE