

CO. OF RECORDS DIVISION	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SHELL WESTERN E&P INC.	
Address P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)	
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.

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

I. DESCRIPTION OF WELL AND LEASE

Lease Name TAYLOR GLENN	Well No. 3	Pool Name, including Formation WANTZ ABO	Kind of Lease STANDARD LEASE OR FEED	Lease No.
Location				
Unit Letter I	3546	Feet From The NORTH	Line and 330	Feet From The EAST
Line of Section 3	Township 21-S	Range 37-E	N.M.P.M.	LEA

I. 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)					
TEXACO INC. Prod Inc	P. O. BOX 1137, EUNICE, NEW MEXICO 88231					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 3	Twp. 21S	Rge. 37E	Is gas actually connected? YES	When 12-10-85

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 Rest'v. <input type="checkbox"/>	Diff. Res. <input checked="" type="checkbox"/>
Date Spudded 11-11-51	Date Compl. Ready to Prod. 12-13-85	Total Depth 8224'	P.B.T.D. 8050'					
Elevations (DF, RKB, RT, GR, etc.) 3493' DF	Name of Producing Formation WANTZ ABO	Top Oil/Gas Pay 7114'	Tubing Depth 7118'					
Perforations 7114' - 7269'	Depth Casing Shoe 8102'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" (48#)	219'	250 SX NEAT
11"	8-5/8" (32#)	3150'	1700 SX 4% + 300 SX NEAT
7-7/8"	5-1/2" (15.5, 17#) LNR	8102'	500 SX 4% + 70 SX
			STRATA + 300 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 12-10-85	Date of Test 1-3-86	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 30	Casing Pressure 30	Choke Size
Actual Prod. During Test	Oil-Bbls. 45	Water-Bbls. 0	Gas-MCF 78

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, 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.

SUPERVISOR REG. & PERMITTING

JANUARY 30, 1986

OIL CONSERVATION DIVISION

APPROVED FEB 4 - 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 deepen 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 filed for each pool in multiple completed wells.

RECEIVED
FEB - 3 1986
HOBBS OFFICE