

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.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

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 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"/>

**FOR DECEMBER TEST ALLOWABLE OF 4725 BBLs OIL. ALSO REQUEST TEMPORARY SURFACE COMMINGLING PERMIT.**

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>TAYLOR GLENN</b>	Well No. <b>3</b>	Pool Name, including Formation <b>WANTZ ABO</b>	Kind of Lease <b>SOLE PRODUCTION</b>	Lease No.
Location				
Unit Letter <b>I</b>	<b>3546</b>	Feet From The <b>NORTH</b>	Line and <b>330</b>	Feet From The <b>EAST</b>
Line of Section <b>3</b>	T. or Township <b>21-S</b>	Range <b>37-E</b>	NMPM, <b>LEA</b> 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)
<b>SHELL PIPE LINE CORPORATION</b>	<b>P. O. BOX 1910, MIDLAND, TEXAS 79702</b>
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)
<b>TEXACO INC.</b>	<b>P. O. BOX 1137, EUNICE, NEW MEXICO 88231</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>I</b> Sec. <b>3</b> Twp. <b>21S</b> Rge. <b>37E</b>	<b>YES</b> <b>12-10-85</b>

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 type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Rest'y. <input type="checkbox"/>	Diff. Res <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Revisions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

*Eddie Cortez* A. J. FORE  
(Signature)  
SUPERVISOR REG. & PERMITTING  
(Title)  
DECEMBER 11, 1985  
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 17 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.