

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 APPROVED COPIES	
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)

New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

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.

II. DESCRIPTION OF WELL AND LEASE

Lease Name TAYLOR GLENN	Well No. 5	Pool Name, Including Formation HARE SIMPSON	Kind of Lease XXXXXXXXXXXX State, Federal or Fee	Lease No.
Location Unit Letter <u>J</u> : <u>3546</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>EAST</u> Line of Section <u>3</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>LEA</u> 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"/> SHELL PIPE LINE CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1910, MIDLAND, TEXAS 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TEXACO PRODUCING INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1137, EUNICE, NM 88231
If well produces oil or liquids, give location of tanks.	Unit : <u>I</u> Sec. : <u>3</u> Twp. : <u>21-S</u> Rge. : <u>37-E</u> Is gas actually connected? <u>YES</u> When <u>1-29-85</u>

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 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"/> Some Res'v. <input type="checkbox"/> Diff. Res <input checked="" type="checkbox"/>		
Date Spudded 5-14-52	Date Compl. Ready to Prod. 1-29-52	Total Depth 8361'	P.B.T.D. 8020'
Elevations (DF, RKB, RT, GR, etc.) 3488' DF	Name of Producing Formation HARE SIMPSON	Top Oil/Gas Pay 7905'	Tubing Depth 7890'
Perforations 7905' - 7965'			Depth Casing Shoe 5-1/2' liner @ 8355'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	13-3/8" (29.3#)	225'	250 SX NEAT
11"	8-5/8" (32#)	3147'	1800 SX 4% + 400 NEAT
7-7/8"	5-1/2" LINER (15.5, 17#)	2943' - 8355'	550 SX 4% + 300 NEAT

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 1-29-85	Date of Test 5-23-85	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. 5	Water-Bbls. 45	Gas-MCF 20

GAS WELL

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

 A. J. FORE
(Signature)

SUPERVISOR REG. & PERMITTING
(Title)

NOVEMBER 27, 1985
(Date)

OIL CONSERVATION DIVISION

DEC 3 - 1985

APPROVED _____, 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 filed for each pool in multiple completed wells.

RECEIVED
DEC 2 - 1985
O.C.D.
HOBB'S OFFICE