NEW MEXICO OIL CONSERVATION COMMISSION

C-102 and C-103
Effective 1-1-65

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

7. Unit Agreement Name

OIL WELL [X] GAS WELL [ ] OTHER-

8. Farm or Lease Name: State Section 2

2. Name of Operator: SHELL OIL COMPANY

9. Well No.: 15

3. Address of Operator: P. O. BOX 991, HOUSTON, TX 77001

10. Field and Pool, or Wildcat: Abo Brunson/Tubb/Wantz

4. Location of Well: UNIT LETTER K, 3546 FEET FROM THE north LINE AND 1650 FEET FROM THE west LINE, SECTION 2, TOWNSHIP 21S, RANGE 37E, NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3502' DF

12. County: Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [ ]
- TEMPORARILY ABANDON [ ]
- PULL OR ALTER CASING [ ]
- PLUG AND ABANDON [ ]
- CHANGE PLANS [ ]
- OTHER Plug Brunson Ellenburger & acidize Tubb/Abo [X]

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [ ]
- COMMENCE DRILLING OPNS. [ ]
- CASING TEST AND CEMENT JOB [ ]
- ALTERING CASING [ ]
- PLUG AND ABANDONMENT [ ]
- OTHER [ ]

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Pull production equipment.
2. Set CIBP @ 7900' and cap with 30' cement.
3. Set RBP @ 7000' and pkr @ 7300'-acidize interval w/6000 gals 15% NEA.
4. Reset RBP @ 6330' and pkr @ 6550'-acidize interval w/4400 gals 15% NEA.
5. Pul RBP & pkr.
6. Run production equipment and return well to production as a Tubb/Wantz Abo downhole commingle.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED A. J. FORE TITLE SR. ENGR. TECH. DATE 7/31/80

APPROVED BY [ ] TITLE [ ] DATE [ ]

CONDITIONS OF APPROVAL, IF ANY:

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TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator
Shell Oil Company

Address
P. O. Box 1509, Midland, Texas 79702

Reason(s) for filing (Check proper box)
New Well [ ]
Recompletion [X]
Change in Ownership [ ]

Change in Transporter of:
Oil [X] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State (Sec. 2)	15	~~Tubb-Abo~~-Brunson Ellen	State, Federal or Fee State	NM-1197

Location
Unit Letter K ; 3546 Feet From The north Line and 1650 Feet From The west

Line of Section 2 Township 21S Range 37E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Shell Pipe Line Corporation	P. O. Box 1598, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
~~Shell~~ Oil Company	P. O. Box 1137, Eunice, NM 88231

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	T	2	21S	37E	Yes	1-4-78

If this production is commingled with that from any other lease or pool, give commingling order number: R-5659

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.
6-6-52	1-4-78	8147'	8090'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3502'	Brunson-Ellenburger	8010'	8074'
Perforations			**Depth Casing Shoe**
8010-8090' Open hole			-

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	728'	250
11"	8 5/8"	3148'	1600
7 7/8"	5 1/2" liner	8010'	870

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-4-78	4-5-78	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	45	-	-
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	9	19	4

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			42.9°
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

G. W. Tullos
(Signature)
Senior Production Engineer
(Title)
4-14-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 21 1978, 19

BY

TITLE SUPERVISOR DISTRICT II

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.

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator
Shell Oil Company

Address
P. O. Box 1509, Midland, Texas 79702

Reason(s) for filing *(Check proper box)*
New Well [ ]
Recompletion [X]
Change in Ownership [ ]

Change in Transporter of:
Oil [X]
Casinghead Gas [ ]
Dry Gas [ ]
Condensate [ ]

Other *(Please explain)*

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State Sec. 2	15	~~Tubb Abo Drinkard~~ Wantz Abo	State, Federal or Fee State	NM-1197

Location
Unit Letter K ; 3546 Feet From The north Line and 1650 Feet From The west

Line of Section 2 Township 21S Range 37E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Shell Pipe Line Corporation	P. O. Box 1598, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address *(Give address to which approved copy of this form is to be sent)*
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If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	T	2	21S	37E	Yes	1-4-78

If this production is commingled with that from any other lease or pool, give commingling order number: R-5659

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.
6-6-52	1-4-78	8147'	8090
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3502	Wantz-Abo	7048'	8074'
Perforations			**Depth Casing Shoe**
7048-7255'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	728'	250
11"	8 5/8"	3148'	1600
7 7/8"	5 1/2" liner	8010'	870

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
1-4-78	4-5-78	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	45	–	–
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	3	0	7

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			32.4°
Testing Method *(pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

G. W. Tullos
(Signature)

Senior Production Engineer
(Title)

4-14-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 2 – 1978, 19____

BY _____

TITLE SUPERVISOR, DISTRICT I

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

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