ENERGY AND MILLEDALG DEPARTMENT tistainution OIL CONSERVATION DIVISION

			OX 2088 W MEXICO 875	01		
	LA-D DEFICE	REQUEST FO	OR ALLOWARIE			
,	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
••	Shell Western E&P, Inc.					
	Addiese					
	Newson(s) for filing (Check proper bo	Ashford, P.O. Box 991, H		77001		
	New Well Recompletion	Change in Transporter of:				
	Change in Ownership	OII Dry C	ensale		•	
	If change of ownership give name and address of previous owner	Shell Oil Company, P.O.	Box 991, Houst	on, Texas	77001	
H.	DESCRIPTION OF WELL AND		<u> </u>			
	State Sec. 2	Well No. Pool Name, Including I	•	Kind of Leas State, Federa	C+ - + - '	Lease Na.
•	Location V 354		1500			
		HO Feet From The NOTH LI	37E	l ea	no West	
311.	· · · · · · · · · · · · · · · · · · ·	TER OF OIL AND NATURAL G	, NM	ри, :		County
	Name of Authorized Transporter of Cli	or Condensate		is to which appro	ved copy of this form is to	be sent)
		Conforation strayled Cas a or Dry Cas	Address (Give addre	1910, M.	ved copy of this form is to	702
	Getty . Oi/ _ Compar		P.O. Box 113	37, Eunice,		231
	il well produces oil or liquids, give location of tanks.	No Change	Yes	ected? Who	NA .	
∵:.	If this production is commingled wi COMPLETION DATA	ith that from any other lease or pool,	give commingling or	der numbers	•	
	Designate Type of Completic	on - (X) Gas Well Gas Well	New Well Westove	d Deepen	Plug Book Some Res	v. Diff. Rear
	Dete Spudded	Deta Compl. Reedy to Prod.	Total Depth	<u> </u>	P.B.T.D.	
	Lievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	•	Tubing Depth	
	Perforations				Depth Casing Shoe	
:		TUBING, CASING, AND	D CEMENTING REC	ORD		
·	HOLE SIZE	ESIZ DNIEUT & DNIZAD	DEPTH	SET	SACKS CEM	ENT
İ						
j		 				
٧.	TEST DATA AND REQUEST FO	OR ALLOWABLE . (Test must be a	feer recovery of rocal ve	lume of load oil i	ind must be equal to or ex	ceed top allo
Ī	OIL WELL Date First New Oil Run To Tunks	Date of Test	pth or be for full 24 ha	urs)		
	Length of Test	Tubing Pressure	Casing Pressure	<u>.</u>	Choke Size	
	Amual Prod. During Test	Oil-Bble.	Water-Bale.		Gas-MCF	
Į					÷	
	GAS WELL				•	
	Artual Prod. Tees-MCF/D	Length of Test	Bble. Condensate/Ab	CF	Crayity of Cardenegte	
-	Tooling worked (puter, back pr.)	Tubing Pressure (stat-in)	Cooling Pressure (Shi	rt-in)	Choke Size	
-1.	CERTIFICATE OF COMPLIANC	Œ	OIL	CONSERVAT	ION DIVISION	•
 ·	hereby certify that the rules and regulations of the Oil Conservation bivision have been complied with and that the information given have is true and complete to the best of my knowledge and belief.		APPROVED JAN 3 1 1984 . 12			
1						
-						
•	C.W.			to be filed in c	ompliance with nuck	1104.
_	(Signa		If this is a re	quest for allow	able for a nawly drilled tied by a jabulation of	d or despens
Þ	Attorney-in-Fact		teete taken on the	well in accura	Janco with MULE 111.	•
-	(Titl	1.)	All sections		it be filled out complet lie.	ely for allow

December 1, 1983 Effective January 1, 1984

(Diste)

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 post in multiple completed wells.

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O.C.D. HOBBS OFFICE STATE OF NEW MEXICO NT

ROY AND MINITALS (JEPANTA	.[
POLIUMIA PARTIES	┨╌╏╌┤	
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v t.u.t.		
LA-0 0//1C#		
INAMIPONTER OIL		
C= T PA 7-OP		
PAGRATION OFFICE		

OIL CONSERVATION DIVISION P. O. BOX 2008 SANTA EF NEW MEY

	V 1. U.S.	SANTA FE, NE	W MEXICO 87501		
	LAMB OFFICE	REQUEST F	OR ALLOWABLE		
AUTHORIZATION TO TRANSPOR					
	Shell Western E&P, Inc.				
	Address				
	heason(s) for filing / Lived proper bo:	Ashford, P.O. Box 991, H	Other (Please captorn)		
	New Well Recompletion	Change in Transporter of:			
	Change in Ownership	Oil Dry C			
	If change of ownership give name and address of previous owner	Shell Oil Company, P.O.	Box 991, Houston, Texas	77001	
11.	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including	Formation		
	State Sec. 2	16 Drinkard	Kind of Leas	Lease No.	
•		tle Feet From The NO(+h LI	ine and 1700 Feet From	m. West	
	Line of Section 02 T.	enahip 215. Range	37E NUPM, Lea		
ı.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	10		
	Shell Pipeline Corpor	ration	P.O. Box 1910, Midland	ved copy of this form is to be sent). Texas 79702.	
	Getty O. / Compar	,, <u></u>	P.O. Box 1137, Eunice,		
	if well produces off or liquids, give location of tanks.	No Change	Is gas octually connected? wh		
	If this production is commingled wi	th that from any other lease or pool,		NA .	
٠.	COMPLETION DATA	Oil Well Gas Well	New Well Westover Deepen	Plug Book 'Some Res'r. Dill. Res'	
	Designate Type of Completic	Dee Compl. Ready to Prod.	Total Death		
	Elevations (DF. RKB, RT, CR, etc.)	Name of Producing Formation		P.a.T.D.	
	•	of proceeding paraction	Top Oil/Gas Pay	Tubing Depth	
	Perforations Depth Casing Shoe				
-	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD		
		- CASING S TOSING SIZE	DEPTH SET	SACKS CEMENT	
-					
! !					
	TEST DATA AND REQUEST FO	OR ALLOWABLE . (Text must be a	feer recovery of social volume of load oil i		
'	OIL WELL Cate First New Oil Run To Tanks	able for this de	peth or be for full 24 hours) Producing Method (Flow, pump, gas life		
Ļ	Langth of Test	Tubing Pressure	Casing Pressure	Choke Size	
-	Actual Prod. During Test	Oil-Bhie.			
			Water-Bbis.	Gas-MCF	
(TAS WELL				
	Actual Prod. Teet-MCF/D	Length of Teet	Bbis. Condensate/AMCF	Gravity of Candenagte	
	Teeling Method (pilot, back pr.)	Tobing Pressure (Sint-in)	Caeing Pressus (Shat-In)	Chote Size	
. C	ERTIFICATE OF COMPLIANC	E	OIL CONSERVAT	ION DIVISION .	
I	hereby certify that the rules and re	gulations of the Oil Conservation	APPROVED 10N 3-1	1984	
•	Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE This form is to be filled in compliance with mule 1104.		
-					
_	(Signat	tre l	If this is a request for allow	this for a newly drilled or despens	
A	ttorney-in-Fact		tests taken on the well in accord	led by a tabulation of the deviation income with muce 111. I be fuled out completely for allow	
D		ve January 1, 1984	able on new and recompleted we Fill out only Sections I. II.	ils. III, and VI for changes of owner	
	. (Dut			er, or other such change of condition be filed for each poor in multipl	
			· ·	- 1	

Argentinia 1988 - John Galley, Olympia 1984 - Francisco Stagen

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DISTRIBUTIO	N		
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
HANSPURIER	GAS		
OPERATOR			
	-166	1	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Supersedes Old C-104 and C-110 Effective 1-1-65

50.5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AND	Fliective f-1-02			
FILE U.S.G.S.	AUTHORIZATION TO TRAI	SPORT OIL AND NATURAL G	AS			
LAND OFFICE	AUTHORIZATION TO THE					
OIL						
TRANSPORTER GAS						
OPERATOR PRORATION OFFICE						
Operator			1			
SHELL OIL COMPAN	Y					
P. O. Box 991,	Houston, TX 77001					
Reason(s) for filing (Check proper box)	Other (Please explain)				
New Weil	Change in Transporter of:					
Recompletion	Oil Dry Ga	— F i				
Change in Ownership	Casinghead Gas Conden	sate				
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND	LEASE	ormation Kind of Leas	Lease No.			
Lease Name	Well Mo. Foot italies	ormation State, Federa				
State Section 2	16 Drinkard					
Location		1700	The West			
Unit Letter K; 354	6 Feet From The Horth Lin	se and 1700 Feet From	The			
i i		7F , NMPM, Lea	County			
Line of Section 2 To	wnship 215 Range 3	7E , NMPM, Lea				
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro	oved copy of this form is to be sent)			
Name of Authorized Transporter of O.	🔼	P. O. Box 1910, Midla				
Shell Pipe Line Cor	poration	Address (Give address to which appr	oved copy of this form is to be sent)			
Name of Authorized Transporter of C	asinghead Gas 🔊 or Dry Gas 🦳	P. O. Box 3000, Tulsa	OK 74102			
Getty 011 Company			hen			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is das detadily commenter:				
give location of tanks.	K 2 21 37E		DHC 165			
series and until on its commingled v	with that from any other lease or pool	, give commingling order number:	UNC 103			
IV. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty			
	Oil Well Gas Well	X X				
Designate Type of Complete		Total Depth	P.B.T.D.			
Date Spudded	Date Compl. Ready to Prod.	8000	7350			
7-29-52	9-10-52	Top Oil/Gas Pay	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation Orinkard, Blinebry, D	1	6068			
DF 3502	Drinkera, bilinebily, or		Depth Casing Shoe			
Perforations	Perforations CCAN ATMA Designation					
5786 - 5929 B111	5786 - 5929 Blinebry 6641 - 6704 Drinkard TUBING, CASING, AND CEMENTING RECORD					
	TUBING, CASING, A	DEPTH SET	SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE	222	250			
	13 3/8° 29.3 lb.	3150	1800			
	8'5" 32	7997	825			
	5 1/2" 15.5	6668				
	2 3/8"	0000	ail and must be equal to or exceed top allo			
V. TEST DATA AND REQUEST	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 alloable for this depth or be for full 24 hours)					
OH WELL	Olf WELL.					
Date First New Oil Run To Tanks	Date of Test 10-18-79	Pranto				
8-8-79		Casing Pressure	Choke Size			
Length of Test	Tubing Pressure	35	None			
24 hrs.	35	Water - Bbis.	Gas-MCF			
Actual Prod. During Test	Oil-Bbls.	6	14			
10 BBLS EF	4					
-			·			
GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate			
Actual Prod. Test-MCF/D	Length of Test					
		Casing Pressure (Shut-in)	Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					
		2:: 201/25	NA THOM STON			
W CERTIFICATE OF COMPL.	I. CERTIFICATE OF COMPLIANCE		77.17979			
	I. CEKTIFICATE OF COMPENSAGE		19			
I hereby certify that the rules	and regulations of the Oil Conservati	APPROVED	The Land			
I MASANU CARTIV (DEL LUS 14448)	ING LARGIMITATION OF THE					
Commission have been compli	and regulations of the information gives the best of my knowledge and beli-	ef. BY	A for			

A. Ramirez (Signature)

Supervisor Oil Accounting (Title) 11-12-79

(Date)

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

TITLE SUPERVISOR DISTRICT)

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 multiply completed wells.

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