

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
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 Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

III. DESCRIPTION OF WELL AND LEASE

Lease Name LIVINGSTON	Well No. 6	Pool Name, including Formation WANTZ ABO	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter S ; 1980 Feet From The SOUTH Line and 2308 Feet From The WEST Line of Section 3 Township 21S Range 37E , NMPM, LEA County				

IV. 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 CORP.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1910, MIDLAND, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input 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. N 3 21S 37E	Is gas actually connected? When YES 4-07-87

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res.
Date Spudded 6-01-52	Date Compl. Ready to Prod. 4-07-87	Total Depth 8230'	P.B.T.D. 7077'					
Evolution (DF, RKB, RT, GR, etc.) 3450' DF	Name of Producing Formation WANTZ ABO	Top Oil/Gas Pay 6980'	Tubing Depth 6945'					
Perforations 6980' - 7065'			Depth Casing Shoe 8228'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"	13-3/8" (32.4#)		222'		250			
11"	8-5/8" (28.55, 32#)		3147'		2200			
7-7/8"	5-1/2" LNR (15.5, 17#)		2944' - 8228'		895			

VI. 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 4-07-87	Date of Test 4-22-87	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. 160	Water - Bbls. 26	Gas - MCF 100	

GAS WELL

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

VII. 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
SUPERVISOR REG. & PERMITTING
(Title)
APRIL 28, 1987
(Date)

OIL CONSERVATION DIVISION
APPROVED **MAY 4 1987**, 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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multiply completed wells.

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MAY 7 1987
OCD
HOBB'S OFFICE