

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.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PROMOTION 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name LIVINGSTON	Well No. 7	Pool Name, Including Formation WANTZ ABO	Kind of Lease XXXXXX Fee	Lease No.
Location Unit Letter <u>V</u> : <u>915</u> Feet From The <u>SOUTH</u> Line and <u>2308</u> Feet From The <u>WEST</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 CORP.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1910, HOUSTON, TEXAS 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. Unit <u>N</u> Sec. <u>3</u> Twp. <u>21S</u> Rge. <u>37E</u>	Is gas actually connected? <u>YES</u> When <u>11-25-86</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 checked="" type="checkbox"/> Same Resrv. <input type="checkbox"/> Diff. Res. <input type="checkbox"/>		
Date Spudded 7-28-52	Date Compl. Ready to Prod. 11-25-86	Total Depth 8130'	P.B.T.D. 7166'
Elevations (DF, RAB, RT, GR, etc.) 3437' DF	Name of Producing Formation WANTZ ABO	Top Oil/Gas Pay 6960'	Tubing Depth 6922'
Perforations 6960' - 7142'	Depth Casing Shoe 8129'		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4"	13-3/8" (32.4#)	222'	250 SX REGULAR
11"	8-5/8" (32#)	3142'	1700 SX 4% GEL +300SXNEAT
7-7/8"	5-1/2" LNR (15.5#)	2922' - 8129'	500 SX 4% MIXED W/65 SX STRATCRT + 300 SX 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 11-25-86	Date of Test 3-17-87	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. 5	Water-Bbls. 19	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
SUPERVISOR REG. & PERMITTING
(Title)
APRIL 7, 1987
(Date)

OIL CONSERVATION DIVISION
APR 13 1987
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.