

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

REVISED 10-1-78

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U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SHELL WESTERN E&P INC.	
Address P.O. BOX 991, HOUSTON, TEXAS 77001	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name LIVINGSTON	Well No. 7	Pool Name, Including Formation HARE SIMPSON	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter V : 915 Feet From The SOUTH Line and 2308 Feet From The WEST Line of Section 3 Township 21-S Range 37-E, NMPM, LEA County				

## 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"/> GETTY OIL COMPANY	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 N	Sec. 3	Twp. 21-S	Rge. 37-E	Is gas actually connected? YES	When 9-28-84

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

## 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"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 7-28-52	Date Compl. Ready to Prod. 9-28-84		Total Depth 8130'		P.B.T.D. -----			
Elevations (DF, RKB, RT, GR, etc.) 3437' DF	Name of Producing Formation MCKEE		Top Oil/Gas Pay 7760'		Tubing Depth 7760'			
Perforations 11-1/2" - 7505					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" (15.5#)	8129'	500 SX 4% MIXED W/65
			SX STRATCRT + 300SX NEAT

## 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 9-28-84	Date of Test 10-31-84	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. 22	Water-Bbls. 57	Gas-MCF 50

## 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

## 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. &amp; PERMITTING

(Title)

JANUARY 18, 1985

(Date)

## OIL CONSERVATION DIVISION

APPROVED JAN 22 1985, 19

BY ORIGINAL SIGNED BY JERRY DEXTON  
DISTRICT 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 deviate 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.

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JAN 21 1985

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HONORARY OFFICE