

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator SHELL WESTERN E&P INC.	
Address P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
The Livingston well #11 in the Tubb pool. Unitization R-8540	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTHEAST DRINKARD UNIT	Well No. 205	Pool Name, including Formation NORTH EUNICE BLINEBRY-TUBB-DRINKARD OIL & GAS	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>M</u> : <u>660</u> Feet From The <u>West</u> Line and <u>3300</u> Feet From The <u>South</u>				
Line of Section <u>3</u> Township <u>21S</u> Range <u>37E</u> , NMPM, LEA 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"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corporation	P.O. Box 1910, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texaco Producing Inc.	P.O. Box 3000, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>V</u> Sec. <u>3</u> Twp. <u>21S</u> Rge. <u>37E</u>	Yes 1/1/62

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

*A. J. Fore*

A. J. FORE

SUPERVISOR REGULATORY & PERMITTING

(Title)

DEC 1 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 21 1987, 19

BY *Jerry S. Lipton*  
TITLE DISTRICT 1 SUPERVISOR

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 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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

#### V. 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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

#### GAS WELL

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

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

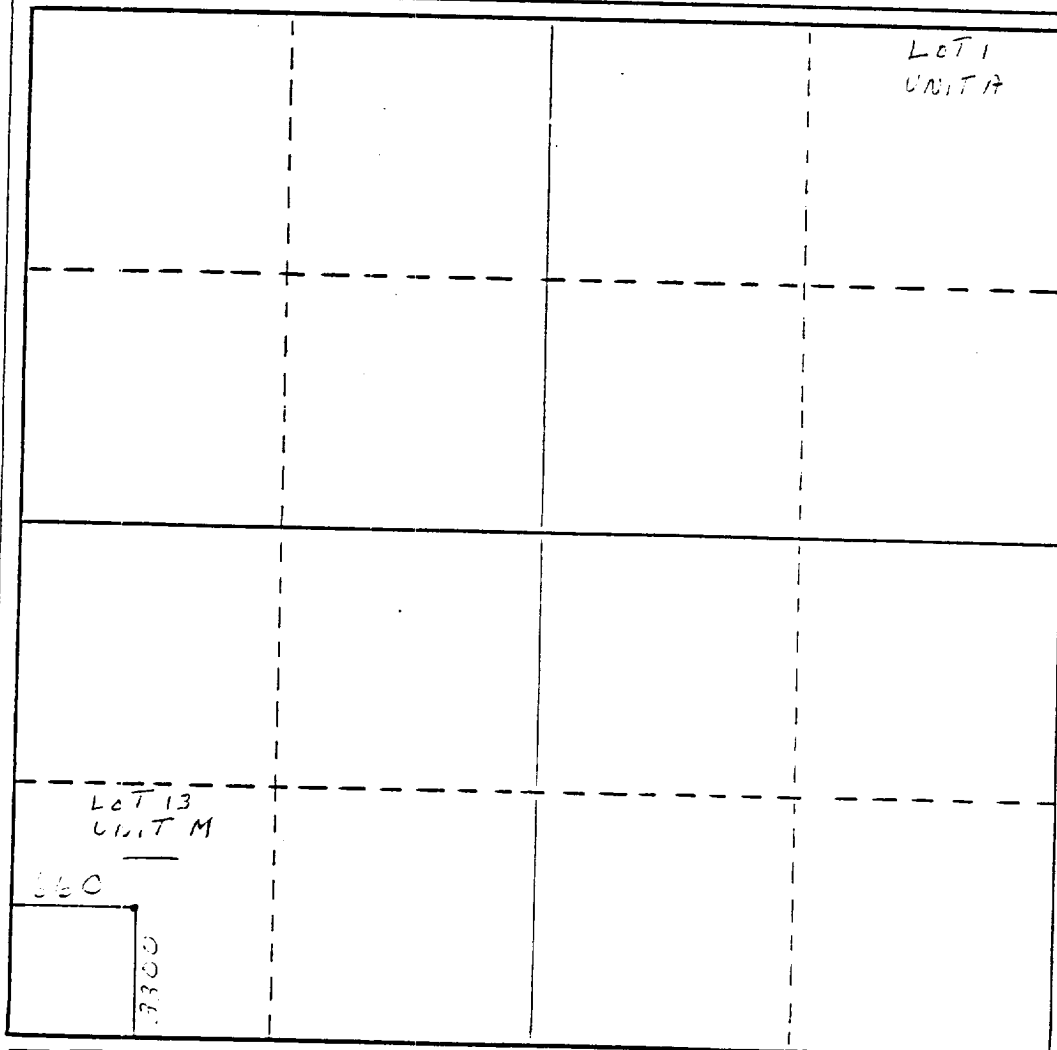
Operator <b>SHELL WESTERN E&amp;P INC.</b>			Lease <b>NORTHEAST DRINKARD UNIT</b>			Well No. <b>205</b>
Unit Letter <b>M</b>	Section <b>3</b>	Township <b>21S</b>	Range <b>37E</b>	County <b>LEA</b>		
Actual Postage Location of Well:						
<b>660</b> feet from the <b>West</b> line and		<b>3300</b> feet from the <b>South</b> line				
Ground Level Elev. <b>3434</b>	Producing Formation	Pool <b>NORTH EUNICE BLINEBRY-TUBB- DRINKARD OIL &amp; GAS</b>	Dedicated Acreage: <b>40</b> Acres			

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation UNITIZATION

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

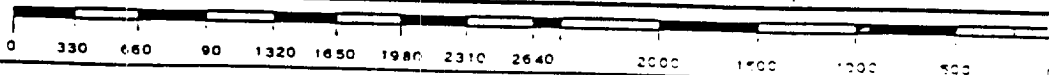
Name A. J. Fore A. J. FORE  
Position  
SUPV. REG. & PERMITTING  
Company  
SHELL WESTERN E&P INC.  
Date  
DEC 1 1987

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer and/or Land Surveyor

Certificate No.



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