

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-75

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
SHELL WESTERN E&P INC.

3. Address of Operator
P. O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)

4. Location of Well
UNIT LETTER B 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM
THE EAST LINE, SECTION 14 TOWNSHIP 21-S RANGE 37-E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name
SMITH

9. Well No.
2

10. Field and Pool, or Wharff
DRINKARD/BLINEBRY

11. Elevation (Show whether DF, RT, GR, etc.)
3431' DF

12. County
LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data.
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER <u>OAP & ACIDIZE</u> ☒	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103.

1. Pull production equipment.
2. Acidize Drinkard OH 6490' - 6610' w/3000 gals 15% HCl-NEA + 800# rock salt.
3. Spot 150 gals 15% HCl-NEA from 5850' - 5700'.
4. Perf Blinebry 5537' - 5848' (2 JSPF, 212 holes).
5. Acidize perfs 5537' - 5848' w/3000 gals 15% HCl-NEA + 500# rock salt.
6. Install production equipment and return well to production.

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

SIGNED A. J. FORE TITLE SUPERVISOR REG. & PERMITTING DATE APRIL 9, 1986
APPROVED BY JOHN F. FEXTON TITLE MANAGER DATE 4/9/86

OIL CONSERVATION DIVISION
P. O. BOX 2038
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-73REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. PRODUCTION OFFICE	OPERATOR
Operator Shell Western E&P, Inc.	
Address 200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Recompletion ☐	Other (Please explain)
Change in Ownership ☒	

If change of ownership give name and address of previous owner: Shell Oil Company P.O. Box 991, Houston, Texas 77001

II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith	Well No. 2	Pool Name, including Formation Brinebry Oil And Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>14</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 ☐ or Condensate ☒	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 ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 1492, El Paso, TX 79972
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge. No Change	Yes NA

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

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, CR, 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 OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil available 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/MMCF	Gravity of Condensate
Testing Method (split, 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.



Attorney-in-Fact

December 1, 1983 Effective January 1, 1984

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 3 1984 , 12BY JERRY SEXTON

GAS PROD. 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 deepens 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

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