

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SHELL WESTERN E&P INC.		Well API No. 30-025-06590
Address P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE North Eunice Blinberry - Tub - Drinkard O+G			
Lease Name NORTHEAST DRINKARD UNIT	Well No. 608	Pool Name, Including Formation (BLINEBRY (PRO GAS) (CAUSALY))	Kind of Lease <input checked="" type="checkbox"/> Federal or Fee
Location Unit Letter F : 1980 Feet From The NORTH Line and 1880 Feet From The WEST Line		Lease No. B-1481	
Section 15	Township 21S	Range 37E	County LEA

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 79702-1910			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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 L	Sec. 15	Twp. 21S	Rge. 37E	Is gas actually connected? YES	When? 12-04-89	
If this production is commingled with that from any other lease or pool, give commingling order number:							

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		
Date Spudded 7-09-51	Date Compl. Ready to Prod. 12-04-89	Total Depth 7850'		P.B.T.D. 6520'					
Elevations (DF, RKB, RT, GR, etc.) 3450' DF	Name of Producing Formation BLINEBRY	Top Oil/Gas Pay 5556'		Tubing Depth 5740'					
Perforations 5556' - 5660'		Depth Casing Shoe 7850'							
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/4"	13-3/8" (36, 48#)		315'		325				
11-1/4"	8-5/8" (28, 32#)		2805'		500				
7-7/8"	5-1/2" (15.5, 17#)		7850'		530				

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 Tank	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 50	Length of Test 24 HRS	Bbls. Condensate/MMCF 6.6667	Gravity of Condensate NA
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 30 8	Casing Pressure (Shut-in) 30 25	Choke Size ---

VI. OPERATOR 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.	
Signature J. H. SMITHERMAN	REGULATORY SUPV.
Printed Name 1-26-90	Title (713) 870-3797
Date	Telephone No.

OIL CONSERVATION DIVISION	
Date Approved JAN 30 1990	
By ORIGINAL SIGNED BY JERRY SEXTON	DISTRICT I SUPERVISOR
Title	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JAN 29 1990

OCD
HOBBS OFFICE