

State of New Mexico
Energy, Minerals &
Natural & Resources Dept.

Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87501

Gas
Supplement
No.: SE 6249
Date: 10-3-90

NOTICE OF ASSIGNMENT OF ALLOWABLE TO A GAS WELL

The operator of the following well has complied with all the requirements of the Oil Conservation Division and the well is hereby assigned an allowable as shown below.

Date of Connection _____ Date of First Allowable or Allowable Change 11-1-90
Purchaser El Paso Natural Gas Pool Tubb
Operator Shell Western E&P Inc. Lease Northeast Drinkard Unit
Well No. #705 Unit Letter N Sec. 15 Twn. 21 Rge. 37
Dedicated Acreage 160 Revised Acreage 0 Difference -160
Acreage Factor 1.00 Revised Acreage Factor 0 Difference -1.00
Deliverability _____ Revised Deliverability _____ Difference _____
A x D Factor _____ Revised A x D Factor _____ Difference _____

WELL RECLASSIFIED TO OIL WELL IN

NORTH EUNICE BLINEBRY/TUBB/DRINKARD POOL

OCD District No. 1

PER ORDER R-8539-A

CALCULATION OF SUPPLEMENTAL ALLOWABLE

Previous Status Adjustments.....

| MO. | PREV. ALLOW. | REV. ALLOW. | PREV. PRCD. | REV. PROD. | REMARKS |
|-----|--------------|-------------|-------------|------------|---------|
| Apr | | | | | |
| May | | | | | |
| Jun | | | | | |
| Jul | | | | | |
| Aug | | | | | |
| Sep | | | | | |
| Oct | | | | | |
| Nov | | | | | |
| Dec | | | | | |
| Jan | | | | | |
| Feb | | | | | |
| Mar | | | | | |
| Apr | | | | | |
| May | | | | | |
| Jun | | | | | |
| Jul | | | | | |
| Aug | | | | | |
| Sep | | | | | |
| Oct | | | | | |
| Nov | | | | | |
| Dec | | | | | |
| Jan | | | | | |
| Feb | | | | | |
| Mar | | | | | |

TOTALS

Allowable Production Difference.....

Schedule O/U Status.....

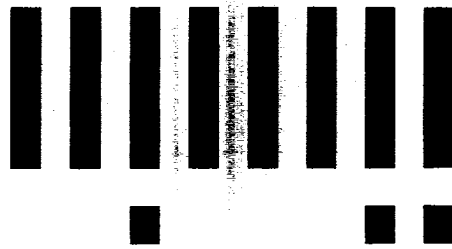
Revised _____ O/U Status.....

Effective In _____ Schedule _____
Current Classification _____ To _____

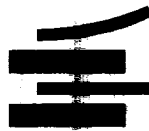
Note: All gas volumes are in MCF@15.025 psia.

William J. LeMay, Division Director

By _____



LTR



Job separation sheet

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

| |
|---|
| WELL API NO. |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name NORTHEAST DRINKARD UNIT |
| 8. Well No. 705 |
| 9. TUBB (PRO GAS) |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3417' GR |

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. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER |
| 2. Name of Operator SHELL WESTERN E&P INC. |
| 3. Address of Operator P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435) |
| 4. Well Location Unit Letter N : 330 Feet From The SOUTH Line and 2310 Feet From The WEST Line Section 15 Township 21S Range 37E NMPM LEA County |

| | |
|---|--|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: SI TO REDUCE OVERPRODUCTION <input checked="" type="checkbox"/> |

12. 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.

Well was SI 4-01-89 and will remain in SI status until its accrued overproduction is within permissible limits.

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

SIGNATURE J. H. SMITHERMAN TITLE REGULATORY SUPV. DATE 5-17-89
TYPE OR PRINT NAME J. H. SMITHERMAN (713) 870-3797 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 22 1989