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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TRA	NSPO	O TRC	IL AND N	ATURAL C	2AS				
Operator SHELL WESTERN E&F	D TAIC		···········					II API No.			
Address MESTERN EAR	ZINC.		·			<del></del>			<del></del>		
P. O. BOX 576, HO	JUSTON.	TX 770	01	(WCk	(4435)						
Reason(s) for Filing (Check proper box New Well	)				XI o	ther (Please exp	dain)			<del></del>	
Recompletion	Oil	Change in	-		1(EUL/ TTVE	4551F1ED	FROM G	AS WELL	TO OIL N	VELL EFFE	
Change in Operator	Casinghe		Dry Gas Condens		R-854	11/1/90 11-B Ch	PEK UKI IG TRAN	JEK NUS. SDODTED 1	R-8539-	A &	
If change of operator give name and address of previous operator						- U. U.	id IMAN	JONIER	DILLEKS	TRANSP	
II. DESCRIPTION OF WELI	L AND LE	ASE			` *			<del></del>			
NORTHEAST DRINKARD U	NIT	Well No.	Laggid <sub>a</sub>	A, EUN	ing Exmanded	NEBRY-TUE	B- Kin	d of Lease e, Federal or Fe	5.1	Lease No.	
Location		I BUb I	-TIK TV	IKARD_	<del></del>		301	e, receisi oru-	99	<del></del>	
Unit LetterB	:	660	Feet From	n The	NORTH L	ne and17	80	Feet From The	EAST	Une	
Section 22 Towns	h <b>ip</b> 2		Range	378	_	 ІМРМ,		_LEA			
III. DESIGNATION OF TRA	NSPORTE	R OF OH	L AND	NATU						County	
or remotized transporter of Off	. <del>(                                   </del>	or Condens	ile [	7	Address (Gi	ve address to wi	hich approve	d copy of this f	form is to be s	rent)	
SHELL PIPE LINE CORP Name of Authorized Transporter of Casi		P. O. BOX 1910, MIDLAND, TX 79702									
WARREN PETROLEUM CO.					Address (Give address to which approved copy of this form is to be sent)					ens)	
If well produces oil or liquids.	Unit	Sec. T	wp.	Rge.	P. O.	BOX 1589. y connected?	_TULSA I Wbe		102	·	
give location of tanks.	1	15 i	215 i	37F	i i	۷n	i whe	G (			
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or po	ol, give o	commingli	ing order num	ber:	· · · · · · · · · · · · · · · · · · ·				
	<del></del>	Oil Well	Gas	Well	Naw Wall	Workover		1			
Designate Type of Completion		İ	İ		I THEW HELL	morkover	Deepen I	Plug Back	Same Res'v	Diff Res'y	
Date Spudded	Date Comp	l. Ready to P	rod.		Total Depth	L	L	P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay						
Perforations					·			Tubing Depth			
i ciroradons								Depth Casing	g Shoe		
	··· T	URING C	A SINIC	A NITO (	TEACENITA	IO PECODE		<u> </u>			
HOLE SIZE	· CAS	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	<del> </del>	·····									
	<del> </del> -					· · · · · · · · · · · · · · · · · · ·					
. TEST DATA AND REQUES	T FOR A	LOWAB	LE	L		·		<u> </u>			
OIL WELL (Test must be after red Date First New Oil Run To Tank	covery of 1010	d volume of lo	oad oil a	nd must b	e equal to or e	xceed top al'on	able for this	depih or be for	r full 24 hour:	s.)	
THE THEW OIL RUE TO TANK	Date of Test			F	roducing Met	hod (Flow, pum	p, gas lift, et	c.)			
ength of Test	Tubing Pressure				asing Pressur	;	<u> </u>	Choke Size			
ctual Prod. During Test	g Test Oil - Bbls.				Water - Bbis			Gar- MCF			
					20,2			OAL- MICE			
SAS WELL	•						<del></del>		•		
ctual Prod. Test - MCF/D	Length of Ter	i (		В	bls. Condensa	wMMCF		Gravity of Con	idensale		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choka Sira			
		<b>,</b>		ľ		(Shut-III)		Choke Size			
I. OPERATOR CERTIFICA	TE OF C	OMPLIA	ANCE				<del></del>		<del></del>		
i hereby certify that the rules and regulat	ions of the Oi	Conservation	n .		0	IL CONS	SERVA	TION D	<b>10121VI</b>	4	
Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.											
211 1 1	o miosgo and	o ciici.			Date A	Approved	<del></del>		· · · · · · · · · · · · · · · · · · ·		
Affrontle man					_						
Signature J. H. SMITHERMAN	DECHI	ATORY SU	ID V	-	Ву	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
Printed Name	<u>NEGULF</u>	LI UK L. SU Tide		-	TT:A1 =						
10/22/90 Date	(713)	870-379	97		Title_			<del></del>			
		Telephone	No.	- 11		1					

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, ransporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.