

1.	PRORATION OFFICE			
	Operator			
	Shell Oil Company			
	Address			
	P. O. Box 1502, Midland, Texas 79701			

Reason(s) for filing (Check proper box)

☐ New Well
☐ Recompletion
☐ Change in Ownership

☐ Change in Transporter
☐ Oil
☒ Casinthead Gas

Other (Please explain):
 Reclassification from Gas Well
 to Oil Well.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Turner	Well No. 3	Pool Name Drinkard	Kind of Lease State, Federal, or Fee Fee	Lease No.
Location Unit Letter J : 1980 Feet From The South : 1980 Feet From The East Line of Section 22 Township 21 Range 37 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 Pipe Line Corporation					P. O. Box 1910, Midland, Texas 79701	
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)	
Skelly Oil Company					P. O. Box 1135, Junice, N. M. 88231	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is well directly connected?	When
	W	22	21	37	Yes	3/27/72

IV. COMPLETION DATA

COMPLETION DATA								
Designate Type of Completion - (X)		Oil Well	Gas Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.					F.B.T.D.		
Elevations (<i>DF, RKB, RT, GR, etc.</i>)	Name of Producing Formation					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 allowable for this work to be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Reducing 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	Grav. of Condensate/MMCF	Grav. of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Testing Pressure (shut-in)	Chore Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

M. J. Adams

Supervisor, Oil Accounting

August 28, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____ 18

TITLE _____

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 deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowance 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.