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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Shell Western E&P Inc.	Well API No. 30-025-06746
Address P.O. Box 576 Houston, TX 77001-0576 (WCK 4435)	
Reason(s) for Filing (Check proper box) 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

Cancel wants allowable

II. DESCRIPTION OF WELL AND LEASE

Lease Name TURNER	Well No. 4	Pool Name, Including Formation PADDOCK	Kind of Lease State, Federal or Fee EEE	Lease No.
Location Unit Letter M : 660 Feet From The SOUTH Line and 330 Feet From The WEST Line Section 22 Township 21S Range 37E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil SHELL PIPE LINE CORP. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 TEXACO EX. & PROD. INC. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1137, EUNICE, NM 88231-1137					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 22	Twp. 21S	Rge. 37E	Is gas actually connected? YES	When? 9-27-91

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 5-30-49	Date Compl. Ready to Prod. 9-27-91		Total Depth 7890'		P.B.T.D. 5226'			
Elevations (DF, RKB, RT, GR, etc.) 3436' DF	Name of Producing Formation PADDOCK		Top Oil/Gas Pay 5165'		Tubing Depth 5206'			
Perforations 5165' - 5212'					Depth Casing Shoe 7790'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2 IN.	13-3/8 (32.4#)		226'		300			
11 IN.	8-5/8 (32#)		2859'		1630			
7-7/8 IN.	5-1/2 (15.5, 17#)		7790'		600			

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.)

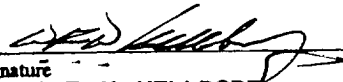
Date First New Oil Run To Tank 7-17-91	Date of Test 10-12-91	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 30	Casing Pressure 30	Choke Size
Actual Prod. During Test	Oil - Bbls. 30	Water - Bbls. 115	Gas- MCF 46

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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 
W. F. N. KELLDORF DIV. ENVIR. ENGR.
Printed Name Title
10/18/91 713/870-3797
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 22 1991

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.