

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78

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SANTA FE	
FILE	
U.S.U.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
SHELL WESTERN E&P INCAddress
P.O. BOX 991, HOUSTON, TEXAS 77001

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter oil:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name TURNER	Well No. 4	Pool Name, including Formation DRINKARD HARE SIMPSON	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter M : 660 Feet From The SOUTH Line and 330 Feet From The WEST Line of Section 22 Township 21-S Range 37-E, 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"/> SHELL PIPE LINE CORP.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1910, HOUSTON, TEXAS 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GETTY OIL COMPANY	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 J	Sec. 22	Twp. 21-S	Rge. 37-E
	Is gas actually connected?		When 8-13-84	

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-536

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X				X
Date Spudded 5-20-49	Date Compl. Ready to Prod. 8-13-84		Total Depth 7890'			P.B.T.D. -----		
Elevations (DF, RKB, RT, GR, etc.) 3436' DF	Name of Producing Formation DRINKARD AND MCKEE		Top Oil/Gas Pay 6420' / 7383'			Tubing Depth 7335'		
Perforations 6420' - 6642'		7383' - 7543'			Depth Casing Shoe 7790'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" (32.4#)	226'	300 SX REGULAR
11"	8-5/8" (32#)	2859'	1200 SX 3% +430SX NEAT
7-7/8"	5-1/2" (15.5, 17#)	7790'	600 SX REGULAR

IV. 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 Tanks 8-13-84	Date of Test 8-27-84	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 40	Casing Pressure 40	Choke Size
Actual Prod. During Test	Oil - Bbls. 26 21	Water - Bbls. 12	Gas - MCF 302 45

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

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.

A. J. FORE

(Signature)

SUPERVISOR REG. & PERMITTING

(Title)

JANUARY 18, 1985

(Date)

OIL CONSERVATION DIVISION

JAN 25 1985

APPROVED _____, 19____

BY _____

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 allowable 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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

JAN 21 1985

C. G. B.
HOBBS OFFICE