

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2038  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PERMITS OFFICE         |     |

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
SHELL WESTERN E&P INC.

Address  
P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)

Reason(s) for filing (Check proper box)

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

Other (Please explain)  
The Turner well #10 in the Tubb pool.  
Unitization R-8540

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|  |                 |  |  |     |           |
|--|-----------------|--|--|-----|-----------|
| Lease Name<br>NORTHEAST DRINKARD UNIT  | Well No.<br>902 | Pool Name, including Formation<br>NORTH EUNICE BLINBRY-TUBB-DRINKARD OIL & GAS | Kind of Lease<br>State, Federal or Fee | Fee | Lease No. |
| Location<br>Unit Letter <u>K</u> : <u>2080</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u><br>Line of Section <u>22</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>LEA</u> County |                 |  |  |     |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>Shell Pipeline Corporation    | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1910, Midland, TX 79702 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>Texaco Producing Inc. | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 3000, Tulsa, OK 74102   |
| If well produces oil or liquids, give location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When  |
| K 22 21S 37E  | Yes 11/3/82  |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

*A. J. Fore*

A. J. FORE

SUPERVISOR REGULATORY & PERMITTING

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 31 1987, 19  
BY Jerry S. Lipton  
TITLE DISTRICT 1 SUPERVISOR

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 multiply completed wells.

#### IV. COMPLETION DATA

| Designate Type of Completion - (X)   |                             | Oil Well | Gas Well        | New Well | Workover | Deepen            | Plug Back | Same Res'y. | Diff. Res'y. |
|--------------------------------------|-----------------------------|----------|-----------------|----------|----------|-------------------|-----------|-------------|--------------|
| Date Spudded                         | Date Compl. Ready to Prod.  |          | Total Depth     |          |          | P.B.T.D.          |           |             |              |
| Elevations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation |          | Top Oil/Gas Pay |          |          | 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 (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 | Date of Test    | Producing 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            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form O-102  
Supersedes O-109  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

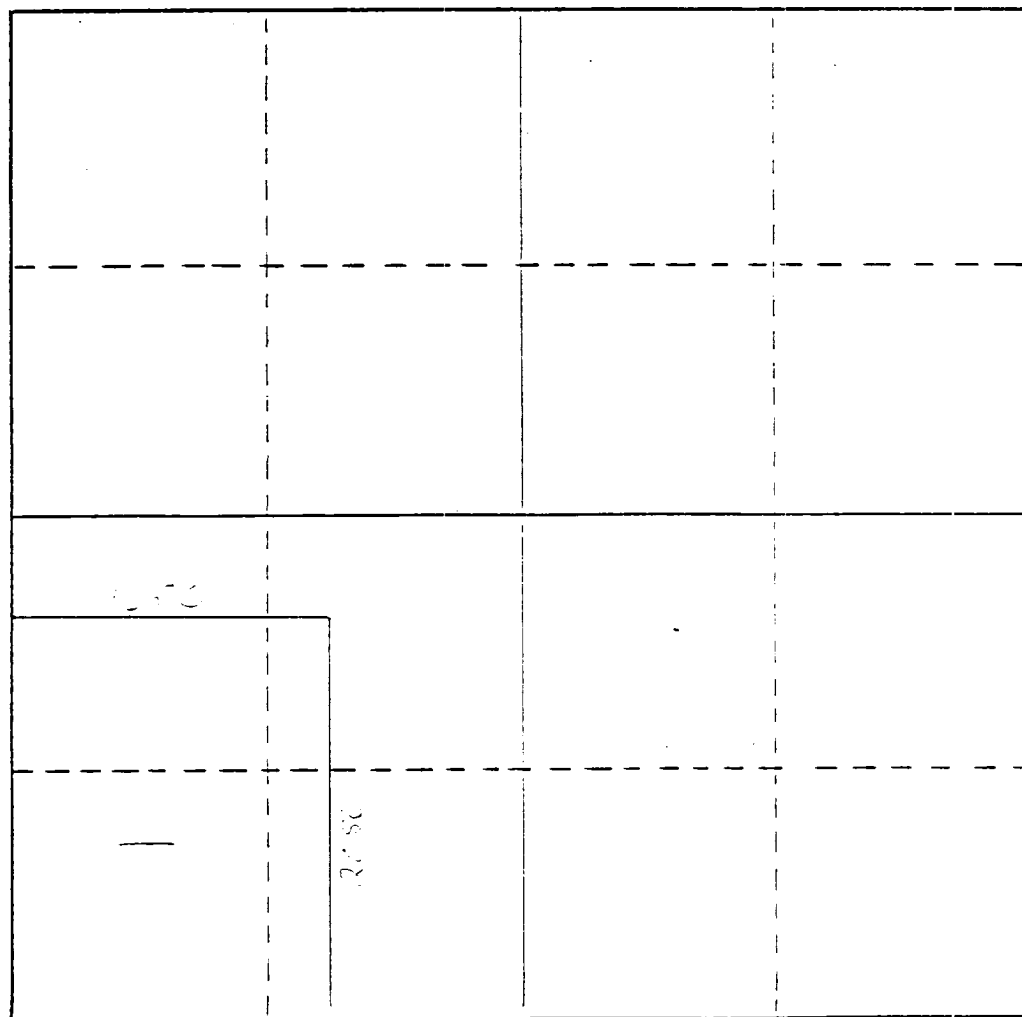
|   |                      |   |                                  |                        |
|---|----------------------|---|----------------------------------|------------------------|
| Operator<br><b>SHELL WESTERN E&amp;P INC.</b>   |                      | Lease<br><b>NORTHEAST DRINKARD UNIT</b>                               |                                  | Well No.<br><b>902</b> |
| Unit Letter<br><b>K</b>   | Section<br><b>22</b> | Township<br><b>21S</b>  | Range<br><b>37E</b>              | County<br><b>LEA</b>   |
| Actual Postage Location of Well:<br><b>2080</b> feet from the <b>South</b> line to <b>1650</b> feet from the <b>West</b> line |                      |   |                                  |                        |
| Ground Level Elev.<br><b>3413.5</b>   | Producing Formation  | Pool<br><b>NORTH EUNICE BLINEBRY-TUBB-<br/>DRINKARD OIL &amp; GAS</b> | Dedicated Acreage:<br><b>160</b> | Acres                  |

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation UNITIZATION

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name  
*A. J. Fore* **A. J. FORE**  
Position  
**SUPV. REG. & PERMITTING**  
Company  
**SHELL WESTERN E&P INC.**  
Date

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
Registered Professional Engineer  
Major Land Surveyor

Certificate No.

0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290