

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
SHELL WESTERN E&P INC.

Address
P. O. BOX 991, HOUSTON, TEXAS 77001

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 8-1-85
UNLESS AN EXCEPTION TO RULE 111
IS OBTAINED.**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name TURNER	Well No. 11	Pool Name, including Formation WANTZ ABO	Kind of Lease XXXXXXXXXX	Lease No. XXXXXXXXXX
Location Unit Letter N : 915 Feet From The SOUTH Line and 1650 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 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, MIDLAND, TEXAS 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit : N Sec. : 22 Twp. : 21-S Rge. : 37-E
Is gas actually connected?	When : 4-08-85

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
	X			X				X
Date Spudded 6-15-50	Date Compl. Ready to Prod. 4-08-85	Total Depth 7783'	P.B.T.D. 7270'					
Elevations (DF, RKB, RT, GR, etc.) 3420' DF	Name of Producing Formation WANTZ ABO	Top Oil/Gas Pay 6881'	Tubing Depth 6846'					
Perforations 6881' - 7142'			Depth Casing Shoe 7559'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8" (32.4#)	224'	300 SX REGULAR					
11"	8-5/8" (32.4#)	2905'	1500 SX 3%GEL+ 500SXREG					
7-7/8"	5-1/2" (15.5#)	7559'	500 SX REGULAR					

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 4-08-85	Date of Test 4-30-85	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. 26	Water-Bbls. 12	Gas-MCF 240

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (psia, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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


A. J. FORE
SUPERVISOR REG. & PERMITTING
(Title)
JUNE 4, 1985
(Date)

OIL CONSERVATION DIVISION
JUN 10 1985, 19
APPROVED
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT 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 deviate 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.

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