STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.S.G.4.]		
LANG OFFICE				
TRAMEPORTER	OIL			
	GAS			
PERATOR				
PROBATION OFFICE				

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUTHORIZATION TO TRANSI	PORT OIL AND NATURAL GAS	
Operator Current FOR THE		
SHELL WESTERN E&P INC.	·	· · · · · · · · · · · · · · · · · · ·
P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well Change in Transporter of:	The Sarkeys well #	[‡] 3 in the
Recompletion OII Dr	Blinebry and Drink	card pools.
Change in Ownership Castnehead Gas Co	Unitization R-8540	•
If change of ownership give name and address of previous owner		
II. DESCRIPTION OF WELL AND LEASE		
NORTHEAST DRINKARD UNIT 911 DRINKARD OIL &	INFBRY-TUBB-	Legse No.
	GAS Signe, Federal or Fee	Fee
Unit Letter L: 1980 Feet From The South Lin	and 660 Feet From The We	st
Line of Section 23 Township 21S Range	37E , NMPM, LEA	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate Shell Pipeline Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gasks El Paso Natural Gas If well produces oil or liquids, Unit Sec. Twp. Rgs. qive location of tanks. K 23 215 37E	P.O. Box 1910, Midland Address (Give address to which approved copy of P.O. Box 1910, Midland Address (Give address to which approved copy of P.O. Box 1492, El Paso is gas actually connected? When Yes 198	TX 79702 of this form is to be sent; TX 79978
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 COMPILANCE I hereby certify that the rules and regulations of the Oil Conservation Division have	OIL CONSERVATION OF DEC 3 1 198	IVISION
been complied with and that the information given is true and complete to the best of my knowledge and belief.	By Ferry Sep	ton
,	1	
	TITLE DISTRICT	
	This form is to be filed in compliance	RVISOR
a. J. FORE	If this is a request for allowable for	
(Signature)	well, this form must be accompanied by	
SUPERVISOR REGULATORY & PERMITTING	tests taken on the well in accordance wi	
(Title) DED 4 4007	All sections of this form must be fill able on new and recompleted wells.	ed out completely for allow-
DEO 1 1087	Fill out only Sections I. II. III, and	
(or me E)	well name or number, or transporter, or other Separate Forms C-104 must be filed	=
, i de la companya d	completed wells.	p in marriply

DEC 1 From

EW MEXICO OIL CONSERVATION COME SION WELL LOCATION AND ACREAGE DEDICATION PLAT

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

Operator			Les	3e	360 10	11.	Liver	
SHELL WESTERN E&P INC. NORTHEAST				T DRINKARD UNIT 911				
Unit Letter I.	Section 23	Townsnip		Range	County			
Actual Fastage Loc	1	215		37E		LEA		
1980	feet from the SO	+b						
Ground Level Elev.	Producing For				: from the		line	-
3400			-301	NORTH EUNICE	BLINE	BRY-TUBB-		
1. Outline th	e acreage dedica	end on the self-		DRINKARD CIL	. & GAS		80	Acres
	o descage dedica	ted to the subject	wett bi	y colored pencil o	r hachur	marks on the	e plat below.	
	• • • • •	dedicated to the we					•	-
3. If more that dated by c	in one lease of dommunitization, u	ifferent ownership is mitization, force-poo	s dedic ling. e	cated to the well, to?	have the	interests of	all owners been c	onsoli-
X Yes	No If an	iswer is "yes," type	of con	solidation		UNIT	IZATION	
If answer i	s "no," list the o	owners and tract des	scriptio	ons which have ac	tually be	en consolida	ted. (Use reverse	side of
forced-pool	ing, or otherwise)	ed to the well until a or until a non-standa	ird unii	t, eliminating suc	onsolida Linteras	ted (by comm	unitization. uniti	zation.
sion.				ommatme sac:	interes	ts. nas been a	ipproved by the Co	ommis-
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						SHFII WES	STERN E&P INC.	
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330 660 90	1320 1650 1980	2310 2640 2000				Certificate No.		
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