

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SHELL WESTERN E&P INC.	
Address P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Northeast Drinkard Unit	Well No. 603	Pool Name, Including Formation North Eunice Blinberry- Tubb-Drinkard Oil & Gas	Kind of Lease State, Federal or Fee STATE	Lease No. B-1481
Location Unit Letter <u>E</u> : <u>3390</u> Feet From The <u>South</u> Line and <u>4520</u> Feet From The <u>East</u> Line of Section <u>15</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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, TX 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc.	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 <u>E</u>	Sec. <u>15</u>
	Twp. <u>21S</u>	Range <u>37E</u>
	Is gas actually connected? <u>Yes</u>	When <u>7-26-88</u>

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't'v. <input type="checkbox"/>	Diff. Res't'v. <input checked="" type="checkbox"/>
Date Spudded <u>2-18-51</u>	Date Compl. Ready to Prod. <u>7-25-88</u>		Total Depth <u>8182'</u>		P.B.T.D. <u>6696'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3445' GR</u>	Name of Producing Formation <u>Blinberry/Tubb/Drinkard</u>		Top Oil/Gas Pay <u>5715'</u>		Tubing Depth <u>6692'</u>			
Perforations <u>5715' - 6677'</u>					Depth Casing Shoe <u>8030'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/4"</u>	<u>13-5/8" (36#)</u>		<u>312'</u>		<u>325</u>			
<u>11-3/4"</u>	<u>8-5/8" (24#)</u>		<u>2818'</u>		<u>500</u>			
<u>7-7/8"</u>	<u>5-1/2" (15.5, 17#)</u>		<u>8030'</u>		<u>400</u>			

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)

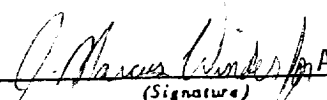
Date First New Oil Run To Tanks <u>7-26-88</u>	Date of Test <u>8-01-88</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>30</u>	Casing Pressure <u>30</u>	Choke Size
Actual Prod. During Test	Oil-Bbls. <u>65</u>	Water-Bbls. <u>50</u>	Gas-MCF <u>270</u>

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. 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)

8-05-88

(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 12 '88, 19__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 deviated 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.