

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator
SHELL OIL COMPANY

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)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name TURNER	Well No. 2	Pool Name, Including Formation BLINEBRY OIL AND GAS	Kind of Lease XXXXXXXXXX Fee	Lease No.
Location				
Unit Letter L	1980	Feet From The SOUTH	Line and 660	Feet From The WEST
Line of Section 22	T. or S. 21-S	Range 37-E	N.M.P.M. LEA	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
SHELL PIPE LINE CORPORATION	P. O. BOX 1910, MIDLAND, TEXAS 79701			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
PHILLIPS PIPE LINE COMPANY	4001 PENBROOK STREETN, ODESSA, TEXAS 79762			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 22	Twp. 21-S	Rge. 37-E
			Is gas actually connected?	When
			YES	9-17-82

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

III. 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		
Date Spudded 1-07-48	Date Compl. Ready to Prod. 9-19-82	Total Depth 6627'	P.B.T.D. 5965'					
Elevations (DF, RKB, RT, GR, etc.) 3427' DF	Name of Producing Formation BLINEBRY	Top Oil/Gas Pay 5716'	Tubing Depth 5956'					
Perforations 5716' to 5942' (BLINEBRY)			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" (32.4#)	238'	250 SX
11"	8-5/8" (32, 36#)	2865'	1400 SX
7-7/8"	5-1/2" (15.5#, 17#)	6626'	600 SX

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 9-18-82	Date of Test 10-12-82	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 hrs.	Tubing Pressure 30	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 10	Water - Bbls. 3	Gas - MCF 94

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

V. 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 REGULATORY & PERMITTING
(Title)
OCTOBER 25, 1982
(Date)

OIL CONSERVATION DIVISION

OCT 28 1982
APPROVED _____, 19____
BY _____
ORIGINAL SIGNED BY
JERRY SEXTON
TITLE _____
DISTRICT 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 Form C-104 must be filed for each pool in multiple recompleted wells.