

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

CASINGHEAD GAS MUST NOT BE  
FLARED AFTER 8-1-90  
UNLESS AN EXCEPTION TO R-4070  
IS OBTAINED.

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>SHELL WESTERN E&amp;P INC.</b>		Well API No. <b>30-025-21351</b>
Address <b>P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)</b>		
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"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) <b>CHANGE LEASE NAME &amp; WELL NO. FROM S. J. SARKEYS #6 TO UNIT DESIGNATION BELOW.</b>		
If change of operator give name and address of previous operator _____		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>NORTHEAST DRINKARD UNIT</b>	Well No. <b>920</b>	Pool Name, including Formation <b>N. EUNICE B-T-D OIL &amp; GAS</b>	Kind of Lease State, Federal or <u>(Fee)</u>	Lease No.
Location Unit Letter <b>J</b> : <b>2310</b> Feet From The <b>SOUTH</b> Line and <b>1980</b> Feet From The <b>EAST</b> Line Section <b>23</b> Township <b>21S</b> Range <b>37E</b> , NMPM, <b>LEA</b> 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"/> <b>Shell Pipe Line Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1910, Midland TX 79702-1910</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Texaco Producing, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1137, Eunice, NM 88231</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>23</b>	Twp. <b>21S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>NO</b>	When ?

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'v
Date Spudded <b>6-10-65</b>	Date Compl. Ready to Prod. <b>4-02-90</b>	Total Depth <b>7370'</b>	P.B.T.D. <b>6450'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3368' GR</b>	Name of Producing Formation <b>TUBB</b>	Top Oil/Gas Pay <b>6130'</b>	Tubing Depth <b>6388'</b>					
Perforations <b>6130' - 6390'</b>	Depth Casing Shoe <b>7370'</b>							

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4	13-3/8" (48#)	382'	400
11"	8-5/8" (20, 24#)	3209'	1175
7-7/8"	5-1/2" (14, 15.5#)	3052' - 7370'	850

### 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 Tank <b>4-02-90</b>	Date of Test <b>4-15-90</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMP</b>	
Length of Test <b>24 HRS</b>	Tubing Pressure <b>30</b>	Casing Pressure <b>30</b>	Choke Size
Actual Prod. During Test	Oil - Bbls. <b>1</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>23</b>

### GAS WELL

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

### VI. OPERATOR 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.

  
Signature: **J. H. SMITHERMAN** REGULATORY SUPV.  
Printed Name: **(6-1-90)** Title: **(713) 870-3797**  
Date: \_\_\_\_\_ Telephone No. \_\_\_\_\_

### OIL CONSERVATION DIVISION

Date Approved **JUN 14 1990**

By \_\_\_\_\_  
Title **OIL**

### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.