

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SHELL WESTERN E&P INC.		Well API No. 30-02526990
Address P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name NORTHEAST DRINKARD UNIT	Well No. 202	Pool Name, Including Formation NORTH EUNICE BLINEBRY-TUBB- DRINKARD OIL & GAS	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter I : 3300 Feet From The NORTH Line and 467 Feet From The EAST Line Section 4 Township 21S Range 37E, NMPM, LEA 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"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1910, MIDLAND, TX 79702					
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) P. O. BOX 1137, EUNICE, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit 4	Sec. 21S	Twp. 37E	Rge. 37E	Is gas actually connected? YES	When? 12-12-88

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 10-9-80	Date Compl. Ready to Prod. 12-12-80	Total Depth 8156'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3452' GR	Name of Producing Formation BLINEBRY-TUBB-DRINKARD	Top Oil/Gas Pay 5757'	Tubing Depth 6869'					
Perforations 5757' - 6820'	Depth Casing Shoe 8153'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8" (61#)	1190'	925					
12-1/4"	9-5/8" (36#)	3500'	1200					
8-3/8"	7" (20,23,26#)	8153'	1720					

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 4-12-89	Date of Test 8-30-89	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 30	Casing Pressure 35	Choke Size
Actual Prod. During Test	Oil - Bbls. 3	Water - Bbls. 50	Gas - MCF 15

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. 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.

J. H. SMITHERMAN
Signature
J. H. SMITHERMAN
Printed Name
8-30-89
Date
(713) 870-3797
Telephone No.
REGULATORY SUPV.
Title

OIL CONSERVATION DIVISION

Date Approved SEP 5 1989
Orig. Signed by
By Paul Kautz
Geologist
Title _____

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.

RECEIVED

SEP 1 1989

OCB
HOBBS OFFICE