

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
TAXI FEE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
SHELL WESTERN E&P INC. (4431 WCK)

Address  
P.O. BOX 576, HOUSTON, TEXAS 77001

Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)  
formerly the  
LIVINGSTON #13 in the BLINEBRY/DRINKARD/  
TUBB POOLS  
UNITIZATION # R-8540

(FILED TO SHOW WELL NAME CHANGE)

If change of ownership give name and address of previous owner

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 Fee FEE	Lease No.
Location Unit Letter I ; 467 Feet From The EAST Line and 3330 Feet From The NORTH Line of Section 4 Township 21-S Range 37-E, 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"/> SHELL PIPELINE CORPORATION	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"/> TEXACO PRODUCING, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 3000, TULSA, OK 74120
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When 4 21-S 37-E YES 7-13-85

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 checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 10-9-80	Date Compl. Ready to Prod. UPON APPROVAL	Total Depth 8156'	P.B.T.D. 6915'
Elevations (DF, RKB, RT, GR, etc.) 3452' GR	Name of Producing Formation BLINEBRY/TUBB/DRINKARD	Top Oil/Gas Pay 6042'	Tubing Depth 6991'
Perforations 5757' - 6061' (BLINEBRY/TUBB/DRINKARD)	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'	725 sx Lite + 200 sx "C"
12-1/4"	9-5/8" (36#)	3500'	1000 sx Lite + 200 sx "H"
8-3/8"	7" (20,23,26#)	8153'	1720 sx class "H"

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, 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  
(Signature)  
SUPERVISOR REG. & PERMITTING  
(Title)  
NOV 30 1988  
(Date)

OIL CONSERVATION DIVISION

DEC 6 1988

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I 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 filled for each pool in multiple completed wells.

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