

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API# 30-025-26990

Operator	
SHELL OIL COMPANY	
Address	
P. O. BOX 991, HOUSTON, TEXAS 77001	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
LIVINGSTON	13	DRINKARD	XXXXXXX Fee	
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"/>	Address (Give address to which approved copy of this form is to be sent)	
SHELL PIPE LINE CORPORATION	P. O. BOX 1910, MIDLAND, TEXAS 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)	
GETTY OIL COMPANY	P. O. BOX 1137, EUNICE, NEW MEXICO 88231	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	4	21-S
		37-E
Is gas actually connected?	YES	When
		JULY 25, 1982

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-361, MAY 17, 1982

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
10-09-80	7-21-82		8156'		7350'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3452' GL	DRINKARD		6531'		6835'			
Perforations	5637' - 5993' (BLINEBRY)				Depth Casing Shoe			
	6531' - 6809' (DRINKARD)				8153'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" (61#)	1190'	735 sx LITE + 200 sx C
12-1/4"	9-5/8" (36#)	3500'	1000 sx LITE + 200 sx C
8-3/4"	7" (26#, 23, 20#)	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.)	
7-27-82	8-03-82	PUMPING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	30	30	10/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	18	28	43

## 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.

  
(Signature) A. J. FORE  
SUPERVISOR REGULATORY & PERMITTING  
(Title)  
AUGUST 20, 1982  
(Date)

## OIL CONSERVATION DIVISION

APPROVED AUG 23 1982, 19\_\_\_\_  
BY ORIGINAL SIGNED BY  
JERRY SEXTON  
TITLE DISTRICT SUPER.

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 allow-  
able 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 filled for each pool in multiply  
completed wells.