

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

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
SHELL OIL COMPANY

Address  
P. O. BOX 991, 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)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name LIVINGSTON	Well No. 13	Pool Name, Including Formation <del>LIVINGSTON</del> (DRINKARD)	Kind of Lease XXXXXXX Fee	Lease No.
Location Unit Letter I : 467 Feet From The EAST Line and 33300 Feet From The NORTH Line of Section 4 Township 21-S Range 37-E NMPM, LEA County				

I. 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) BOX 1910, MIDLAND, TX 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GETTY OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) BOX 1137, EUNICE, NM 88231			
If well produces oil or liquids, give location of tanks.	Unit 4	Sec. 21-S	Twp. 37-E	Is gas actually connected? When YES 11-17-81

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10-9-80	Date Compl. Ready to Prod. 11-18-81		Total Depth 8156'		P.B.T.D. 7350'			
Elevations (DF, RKB, RT, CR, etc.) 3452' GL	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 6530'		Tubing Depth 6024'			
Perforations 6530' - 6809'					Depth Casing Shoe 8153'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	1190'	735 sx LITE + 200 sx C
12 1/4"	9 5/8"	3500'	1000 sx LITE + 200 sx C
8 3/4"	7"	8153'	1720 sx C1 "H"

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 11-18-81	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS.	Tubing Pressure 35	Casing Pressure 40	Choke Size ----
Actual Prod. During Test	Oil-Bbls. 7	Water-Bbls. 6	Gas-MCF 58

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

IV. 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.

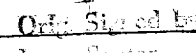

  
A. J. FORE

SUPERVISOR REGULATORY AND PERMITTING  
(Title)

JANUARY 11, 1982  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19

BY   
Jerry Saxon  
TITLE   
Dist. 1, Sage

This form is to be filed in compliance with RULE 1101.

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