

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Shell Western E&P Inc.		Well API No. 30-025-30913
Address P.O. Box 576 Houston, TX 77001-0576 (WCK 4435)		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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 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. 514	Pool Name, Including Formation N. EUNICE BLINEBRY-TUBB-DRNKRD	Kind of Lease State, Federal or Fee STATE	Lease No. B-935
Location Unit Letter L : 2010 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 10 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"/> Shell Pipe Line Corp. Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, TX 79702-1910 P. O. Box 2572, Hobbs, NM 88241-2572		
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 1137, EUNICE, NM 88231-1137		
If well produces oil or liquids, give location of tanks.	Unit E Sec. 10 Twp. 21S Rge. 37E	Is gas actually connected? YES	When? 5-06-91

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-27-90	Date Compl. Ready to Prod. 5-06-91		Total Depth 6830'		P.B.T.D. 6800'			
Elevations (DF, RKB, RT, GR, etc.) 3461' GR	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 6467'		Tubing Depth 6698'			
Perforations 6427' - 6725'			Depth Casing Shoe 6827'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	COND		40'					
17-1/2 IN.	13-3/8 IN.		410'		450			
12-1/4 IN.	8-5/8 IN.		3014'		1650			
7-7/8 IN.	5-1/2 IN.		6827'		1055			

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 5-10-91	Date of Test 5-15-91	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 45	Casing Pressure 45	Choke Size
Actual Prod. During Test	Oil - Bbls. 31	Water - Bbls. 38	Gas- MCF 119

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.

Signature J. H. SMITHERMAN REGULATORY SUPV  
Printed Name J. H. SMITHERMAN Title  
Date 5/22/91 Telephone No. 713/870-3797

OIL CONSERVATION DIVISION

Date Approved MAY 28 1991  
ORIGINAL SIGNED BY JERRY SEXTON  
By DISTRICT 1 SUPERVISOR  
Title DISTRICT 1 SUPERVISOR

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

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

RECEIVED  
MAY 24 1991  
HOBBS OFFICE

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