Submit 2 copies to Appropriate
District Office.

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-116
Revised 1/1/89

GAS - OIL RATIO TEST

Nov

Operator		Pool			County
Shell WESTERN E+P Inc.		Tubb Oil + GAS			Lea, New Mexico

Address P.O. Box 4655 - Houston, TX 77210-4655

									PROD. DURING TEST			
LEASE NAME	WELL NO.	LOCATION				DATE OF TEST	STATUS	TYPE OF TEST - (X) Scheduled ☒ Completion ☐ Special ☐	CHOKE SIZE	TBG. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	WATER BBLS.	GRAV. OIL	OIL BBLS.	GAS M.C.F.	GAS - OIL RATIO CU.FT/BBL.

LEASE NAME	WELL NO.	U	S	T	R	DATE OF TEST	STATUS	CHOKE SIZE	TBG. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	WATER BBLS.	GRAV. OIL	OIL BBLS.	GAS M.C.F.	GAS - OIL RATIO CU.FT/BBL.
Long Rinewa)t Realaeaif 24 to 0	5 N	11	22	37	10	10/6/92	F			M	24	1.0	48.9	1.0	436	436000
	4 C/4	22	37	10		10/14/92	F			M	24	1.0	44.5	1.0	45	45000

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Signature L. C. Wallace for
S. R. Sullivan - Process Team
Printed name and title
J. R. Sullivan - Process Team Leader-Oil

Date 11/5/92
(713) 241-2141
Telephone No.

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F.

Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

(See Rule 301, Rule 1116 & appropriate pool rules.)

12

343

545

$2)1457,000$

135

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Pool ___TUBB_____ Operator __Shell Western E & P, Inc._____

Lease ___Rinewalt_____ Well No. ___4___ Unit __C__ S __4__ T __22__ R __37__

| DATE OF TEST | Daily allowable | PRODUCED DURING TEST | | | Gas Oil Ratio | Packer Leakage Field |
		Water Bbls.	Oil, Bbls.	Gas, MCF		
10-4-91	24	0	0	28	—	4-3-85
						4-1-86
						3-12-87
						3-5-88
						3-9-89
						3-21-90
						3-15-91
						3-31-92

12

249

545
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4
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