

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF APPLICANTS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator
SHELL WESTERN E&P INC.

Address
P.O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

III. DESCRIPTION OF WELL AND LEASE

Lease Name GRIZZELL	Well No. 6	Pool Name, including Formation DRINKARD	Kind of Lease ***** Fee	Lease No.
Location Unit Letter <u>I</u> : <u>2200</u> Feet From The <u>SOUTH</u> Line and <u>420</u> Feet From The <u>EAST</u> Line of Section <u>8</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>LEA</u> County				

IV. 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.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1910, MIDLAND, TX 79701					
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					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 8	Twp. 22-S	Rge. 37-E	Is gas actually connected? YES	When 4-12-86

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-617 w/ Blby

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas well	New Well	Workover	Deepen	Plug Back	Some Rest.	Diff. Res
	X			X				X
Date Spudded 6-15-52	Date Compl. Ready to Prod. 4-12-86	Total Depth 6541'	P.B.T.D. -----					
Elevations (DF, RKB, RT, GR, etc.) 3407' GR	Name of Producing Formation DRINKARD	Top Oil/Gas Pay 6418'	Tubing Depth 6280'					
Perforations 6418' - 6511'			Depth Casing Shoe 6536'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" (32.4#)	225'	300 SX NEAT
11"	8-5/8" (32#)	2798'	1300 SX 4% + 300 NEAT
7-7/8"	5-1/2" LNR (15.5#)	(2589' - 6536')	400 SX 4% + 300 NEAT

VI. 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 4-12-86	Date of Test 4-19-86	Producing Method (Flow, pump, gas lift, etc.) PLUNGER LIFT	
Length of Test 24 HRS	Tubing Pressure 30	Casing Pressure 30	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 3	Water-Bbls. 0	Gas-MCF 50

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

I. 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.

SUPERVISOR REG. & PERMITTING

(Title)

JUNE 16, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 20 1986, 19BY ORIGINAL SIGNED BY JERRY SEXTONTITLE DISTRICT I SUPERVISOR

This form is to be filled 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 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.