

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

1. 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: Oil ☐ Dry Gas ☐

Recompletion ☒ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (Please explain)

If change of ownership give name and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
GRIZZELL	8	DRINKARD	State, XXX-XXXXXX	

Location

Unit Letter P : 990 Feet From The SOUTH Line and 330 Feet From The EAST

Line of Section 8 Township 22-S Range 37-E, NMPM, LEA County

3. 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.	Twp.	Range	Is gas actually connected?	When
	I	8	22-S	37-E	YES	8-30-82

If this production is commingled with that from any other lease or pool, give commingling order number: DHC-371, 8-19-82

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
	X			X				

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9-06-52	8-28-82	6513'	6505'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3413' DF	DRINKARD	6420'	

Perforations	Depth Casing Shoe
5400' - 5929' (BLINEBRY) 6420' - 6500' (DRINKARD)	----

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13-3/8" (29.3#)	254'	300 sx
11"	8-5/8" (32#)	2796'	1500 sx
7-7/8"	5-1/2" (15.5#)	2559' - 6510'	675 sx
	(LINER)		

5. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load 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.)
8-30-82	9-10-82	PUMPING

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	30	30	7-1/2/64"

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	28 B0	3 BW	450

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

6. 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  
(Signature)  
SUPERVISOR REGULATORY AND PERMITTING  
(Title)  
OCTOBER 4, 1982  
(Date)

OIL CONSERVATION DIVISION  
OCT 8 1982  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY JERRY L. FUCH  
TITLE DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated 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 own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.