



STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION  
HOBBS DISTRICT OFFICE

BRUCE KING  
GOVERNOR

POST OFFICE BOX 1980  
HOBBS, NEW MEXICO 88241-1980  
(505) 393-6161

October 28, 1993

Shell Western E&P Inc.  
ATT: Marcus Winder  
P O Box 576 (wck-4465)  
Houston, TX 77001

RE: RECLASSIFICATION OF WELL  
BLINEBRY OIL & GAS POOL  
Grizzell #8-P, Sec. 8, T22S, R37E

Gentlemen:

According to the recently submitted 'scheduled' gas/oil ratio test the above-referenced well will be reclassified from an oil well to a gas well in the Blinebry Oil & Gas Pool effective January 1, 1994, and the oil allowable cancelled effective that date.

If for some reason you feel this test does not reflect the proper classification of this well, please submit another test for our consideration by November 11, 1993.

If the well is to be reclassified to a gas well, please submit the following:

- 1) Revised C-102 outlining acreage to be dedicated to gas proration unit. If proration unit size or well location requires additional approval, please furnish order number approving same or copy of your application for approval of NSP and/or NSL.
- 2) C-104 showing reclassification from oil to gas and designating transporters of condensate and dry gas.

If you have questions concerning the above, please contact Donna Pitzer at (505) 393-6161.

Very truly yours,

OIL CONSERVATION DIVISION

Jerry Sexton  
Supervisor, District I

JS::dp

*Well is SI*



DISTRICT 1  
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

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

COMPANY OR OPERATOR SHELL WEST E&P INC	ADDRESS P. O. BOX 576 HOUSTON, TEXAS	ZIP 77001-0576	FOR MONTH, YEAR AUG. 1993	PAGE 28	OF 46
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POOL NAME (Underline) Lease Name (LEASE NAME - Include State Land Lease Number or Federal Lease Number) API NO. WELL UNIT SEC TWP R1NG	INJECTION WELL STA- TUS VOLUME PRESS.	PRODUCTION BARRELS OIL/COND. PRODUCED BARRELS OF WATER PRODUCED		GAS PRO-DUCED (MCF)	DISPOSITION OF GAS DAYS PROD SOLD TRANS-PORTER OTHER	DISPOSITION OF OIL OIL ON HAND AT BEG. OF MONTH BARRELS TO TRANS-PORTER TRANS-PORTER OTHER OIL ON HAND AT END OF MONTH			
		PRODUCED	PRODUCED			PROD	SOLD	TRANS-PORTER	OTHER
GRIZZELL (BLY GAS)									
BLINERY OIL AND GAS									
GRIZZELL									
30-025-10114	6	I	08	22	37.				
30-025-10115	7	U	8	22	37				
30-025-10116	8	P	8	22	37				
30-025-20562	9	I	8	22	37				
LEASE TOTAL									
BRUNSON FUSSELMAN									
GRIZZELL									
30-025-26723	10	I	8	22	37				
LEASE TOTAL									
DRINKARD									
DISTRIBUTION:									
Original: OCD Santa Fe									
One Copy: OCD Dist Office									
One Copy to Transporter(s)									
DATE DUE:									
To be postmarked by 24th day of next succeeding month.									
STATUS CODE F - FLOWING P - PUMPING G - GAS LIFT S - SHUT IN T - TEMP ABANDONED I - INJECTION D - DISCONTINUED									
OTHER GAS DIS-POSITION CODE X - USED OFF LEASE D - USED FOR DRILLING G - GAS LIFT L - LOST (MCF ESTIMATED) E - EXPLANATION ATTACHED R - REPRESSURING OR PRESSURE MAINTENANCE V - VENTED U - USED ON LEASE									
OTHER OIL DIS-POSITION CODE C - CIRCULATING OIL L - LOST S - SEDIMENTATION (R S & W) E - EXPLANATION ATTACHED T - THEFT									
I HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE									
TYPED NAME PHONE NUMBER									
POSITION DATE SIGNED									

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P.O. Box 1980, Hobbs, NM 88240  
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1000 Rio Brazos Rd., Aztec, NM 87410

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

# OIL CONSERVATION DIVISION

## GAS - OIL RATIO TEST

Operator		Pod		County												
Shell Western E & P Inc.		Blaineberry		Lea Cnty, N. Mexico												
Address		TYPE OF TEST - (X)		Completion												
P.O. Box 4655 - Houston, TX 77210-4655		Scheduled <input checked="" type="checkbox"/> Special <input type="checkbox"/>														
LEASE NAME	WELL NO.	LOCATION				DATE OF TEST	SIZES	CHOKES	TBG. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST				GAS - OIL RATIO CU/FT/BBL
		U	S	T	R							WATER BBL.S.	GRAV. OIL	OIL BBL.S.	GAS M.C.F.	
Chesher	2	M	12	21	37	8-9-83	P	30	M	24	20	39.6	3.0	17	5667	
Co 11	1	J	12	21	37	8-19-83	P	30	M	24	1.0	38.8	3.0	14	4667	
Co 11	2	L	12	21	37	8-22-83	P	30	M	24	1.0	40.1	2.0	17	8580	
GRIZZELL	7	J	8	22	37	8-13-83	P	30	M	24	5.0	37.6	2.0	80	6666	
GRIZZELL	9	D	8	22	37	8-16-83	P	30	M	24	1.0	37.0	2.0	125	6250	
LINEWAT	2	C	4	22	37	8-6-83	P	30	M	24	1.0	37.0	2.0	57	2850	
Smith	3	G	14	21	37	8-14-83	P	30	M	24	1.0	40.8	4.0	120	3000	

### 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.)

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

Signature J.C. Wallace for

Printed name and title J.C. Sullivan - PROCESS TECH

Date 10/2/83 (713) 241-914 Telephone No.

Submit 2 copies to Appropriate District Office.

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-116  
Revised 1/1/8

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

P.O. Box 2068  
Santa Fe, New Mexico 87504-2068

# OIL CONSERVATION DIVISION

## GAS - OIL RATIO TEST

Operator <b>SHELL WESTERN E &amp; P INC</b>		Pool <b>BLINEBERRY OIL &amp; GAS</b>		County <b>LEA CNTY, N.MEX</b>	
Address <b>P.O. Box 4655 - HOUSTON, TX. 77210-4655</b>		TYPE OF TEST <input checked="" type="checkbox"/> TEST - (O) <input type="checkbox"/> TEST - (G)		Scheduled <input checked="" type="checkbox"/> Completion <input type="checkbox"/> Special <input checked="" type="checkbox"/>	
LEASE NAME <b>GRIZZELL</b>	WELL NO. <b>9</b>	LOCATION U S T R <b>0 8 22 37</b>		DATE OF TEST <b>11-2-93</b>	CHOKES SIZE
				TBQ. PRESS.	DAILY ALLOW-ABLE
				LENGTH OF TEST HOURS	PROD. DURING TEST WATER BESS. OIL BESS. GAS MCF. GAS RATIO CU/FT

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To <b>Welds</b>	From <b>Donna Daboy</b>
Co <b>Berry Xmits</b>	Co <b>Fok. Sanders W.</b>
Dept.	Phone <b>713-241-9119</b>
Fax <b>505-393-0720</b>	Fax

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

Signature  
*Donna Daboy* For

J.K. Sullivan - Process Team

Printed name and title

12-17-93 (713) 241-9141

Date Telephone N