

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SHELL OIL COMPANY	
Address P. O. BOX 991, HOUSTON, TX 77001	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	RECLASSIFY FROM BLINEBRY OIL TO BLINEBRY GAS EFFECTIVE 2-01-83.

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name GRIZZELL	Well No. 9	Pool Name, Including Formation BLINEBRY OIL AND GAS	Kind of Lease XXXXXXXXXXXX Fee	Lease No.
Location Unit Letter 0 : 810 Feet From The SOUTH Line and 1980 Feet From The EAST Line of Section 8 Township 22-S Range 37-E, NMPM, LEA County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> SHELL PIPE LINE CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1910, MIDLAND, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> GETTY OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1404, HOUSTON, TX 77001					
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 2-14-83

If this production is commingled with that from any other lease or pool, give commingling order number: _____

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 6-18-63	Date Compl. Ready to Prod. 2-18-83	Total Depth 6575'	P.B.T.D. 6385'					
Elevations (DF, RKB, RT, CR, etc.) 3412' DF, 3404' GL	Name of Producing Formation BLINEBRY	Top Oil/Gas Pay 5428'	Tubing Depth 6664'					
Perforations 5428' - 5902'			Depth Casing Shoe 6573'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8" (24#)	275'	250 SX					
7-7/8"	4-1/2" (11.6#)	6573'	800 SX					

IV. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

V. 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)
A. J. FORE
SUPERVISOR REGULATORY AND PERMITTING
(Title)
FEBRUARY 22, 1983
(Date)

OIL CONSERVATION DIVISION	
APPROVED	MAR 7 1983
BY	ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR
TITLE _____	
This form is to be filed 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 multiply completed wells.	

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