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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
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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-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Shell Western E&P Inc.		Well API No. 30-025-26723
Address P.O. Box 576 Houston, TX 77001-0576 (WCK 4465)		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name GRIZZELL	Well No. 10	Pool Name, Including Formation PADDOCK	Kind of Lease State, Federal or Fee FFF	Lease No.
Location Unit Letter I : 1940 Feet From The SOUTH Line and 380 Feet From The EAST Line Section 8 Township 22S Range 37E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TEXACO EX. & PROD. 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	Sec.	Twp.	Rge.	Is gas actually connected? YES	When? 7-22-93

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		X
Date Spudded 3/16/80	Date Compl. Ready to Prod. 7/22/93		Total Depth 7508'		P.B.T.D. 5335'			
Elevations (DF, RKB, RT, GR, etc.) 3405.7' GR	Name of Producing Formation PADDOCK		Top Oil/Gas Pay 5292'		Tubing Depth 4203'			
Perforations 5292' - 5321'					Depth Casing Shoe 7505'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
20 IN.	COND		40'		40			
14-3/4 IN.	11-3/4 IN.		1250'		800			
11 IN.	8-5/8 IN.		3910'		1600			
5-1/2 IN.	7-7/8 IN.		7505'		425			

V. 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.)

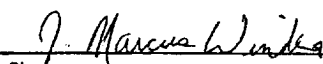
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 50	Length of Test 24 HRS	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 45#	Casing Pressure (Shut-in) 0	Choke Size 12/64

VI. OPERATOR 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
J. L. MORRIS

Printed Name
8/26/93

Date

ASSET ADMIN.
TECH. MGR. -

Title
713/544-3797

Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 01 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

APR 17 1993