

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

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:	
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 \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

R-6890

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<u>ANTELOPE RIDGE UNIT</u>	<u>8</u>	<u>ANTELOPE RIDGE (ATOKA)</u>	<u>State, Federal or XXXX</u>	

Location

Unit Letter H : 1980 Feet From The NORTH Line and 660 Feet From The EAST

Line of Section 28 Township 23-S Range 34-E , NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>SHELL PIPE LINE</u>	<u>P. O. BOX 1598, HOBBS, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>SHELL OIL COMPANY</u>	<u>P. O. BOX 991, HOUSTON, TX 77001</u>

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>N</u>	<u>27</u>	<u>23-S</u>	<u>34-E</u>	<u>YES</u>	<u>AUGUST 14, 1981</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>10-10-80</u>	<u>8-15-81</u>	<u>13,850'</u>	<u>13,150'</u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>3475.4' GR</u>	<u>ATOKA</u>	<u>12,386'</u>	<u>11,358'</u>
Perforations			Depth Casing Shoe
<u>12,386' - 12,410' (ATOKA)</u>			<u>13,850'</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>20"</u>	<u>16"</u>	<u>462'</u>	<u>950 sx Class C</u>
<u>14 3/4"</u>	<u>10 3/4"</u>	<u>5,180'</u>	<u>1600 sx LITE + 500 sx C</u>
<u>9 1/2"</u>	<u>7 5/8"</u>	<u>11,700'</u>	<u>800 sx LITE + 200 sx H</u>
<u>6 1/2"</u>	<u>5"</u>	<u>13,846'</u>	<u>100 sx poz + 440 sx H</u>

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
<u>12,000</u>	<u>4 hours</u>	<u>2.42</u>	<u>56.5</u>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>4 point back pressure</u>	<u>4350 psi</u>	<u>-----</u>	<u>28/64"</u>

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) A. J. FORE

SUPERVISOR REGULATORY & PERMITTING  
(Title)

AUGUST 23, 1981  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY John Seaton

TITLE Asst. Dir.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens 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 filed for each pool in multiple completions.)