

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PERMITTING OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SHELL WESTERN E&P INC.	
Address P.O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)	
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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name ANTELOPE RIDGE UNIT	Well No. 7	Pool Name, including Formation ANTELOPE RIDGE ATOKA	Kind of Lease XXXX Federal of XXXX	Lease No.
Location Unit Letter <u>G</u> ; <u>1650</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line of Section <u>27</u> Township <u>23S</u> Range <u>34E</u> , NMPM. <u>LEA</u> County				

III. 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)
SHELL PIPE LINE CORP.	P. O. BOX 1910, MIDLAND, TX 79701
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)
SHELL WESTERN E&P INC.	P. O. BOX 576, HOUSTON, TX 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
N 27 23S 34E	NO yes 9-17-86

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'
		X				X		X
Date Spudded 3-27-80	Date Compl. Ready to Prod. 9-08-86	Total Depth 13,574'	P.B.T.D. 12,865'					
Elevations (DF, RKB, RT, GR, etc.) 3471' DF	Name of Producing Formation ATOKA	Top Oil/Gas Pay 12,119'	Tubing Depth 11,454'					
Perforations 12,119' - 12,492'	12,626					Depth Casing Shoe 13,574'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16" (65#)	465'	875
14-3/4"	10-3/4" (51,45.5,40.5#)	5060'	1700
9-1/2"	7-5/8" (33.7#)	11,650'	800
6-1/2"	5" LNR (18#)	13,574'	285

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 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 860	Length of Test 18 HRS	Bbls. Condensate/MMCF 71	Gravity of Condensate 52.6 @ 60°
Testing Method (prior, back pr.) BACK PRESSURE	Tubing Pressure (Shut-In) 6070	Casing Pressure (Shut-In) 0	Choke Size 48/64"

VI. 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.

OIL CONSERVATION DIVISION	
APPROVED	SEP 30 1986
BY	ORIGINAL SIGNED BY JERRY SEXTON
TITLE	DISTRICT I SUPERVISOR

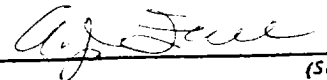
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the 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 filled for each pool in multiple completed wells.


(Signature) A. J. FORE
SUPERVISOR REG. & PERMITTING
(Title)
SEPTEMBER 15, 1986
(Date)

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