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

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)
- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
STATE "B" COM	2	CUSTER (DEVONIAN)	State XXXXXXXXXX

Location: Unit Letter J : 1650 Feet From The SOUTH Line and 1980 Feet From The EAST Line of Section 36 Township 24S Range 36E NMPM LEA

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be se
SHELL PIPE LINE COMPANY	P. O. BOX 1910, MIDLAND, TX 79702
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be se
EL PASO NATURAL GAS COMPANY	P. O. BOX 862, HOBBS, NM 88240

If well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
temporary	J	36	24S	36E	NO	7-13-81

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 Resv.	Diff
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-15-81	5-21-81	12,950'	12,615'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3286.5' DF	Devonian	9687	12,950'
Perforations 9656-9698			**Depth Casing Shoe**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	1,200'	950 sx LITE + 200 sx
12 1/4"	9 5/8"	4,070'	800 sx LITE + 250 sx
			670 sx LITE + 200 sx
8 3/4"	7"	12,950'	1250 sx Class "H"

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed able for this depth or be for full 24 hours)

OIL WELL

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
272	4 hours	18	59.7
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
4 point back pressure	1241	Packer	various

I. 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)
SUPERVISOR REGULATORY & PERMITTING
(Title)

OIL CONSERVATION DIVISION

APPROVED JUL 17 1981, 19

BY

TITLE SUPERVISOR DISTRICT I

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

If this is a request for allowable for a newly drilled or d well, this form must be accompanied by a tabulation of the d tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely fo able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of