

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-103 and
 Effective 1-1-65

Operator
SHELL OIL COMPANY

Address
P. O. BOX 991, HOUSTON, TEXAS 77001

Reason(s) for filing (Check proper box)

New Well Change in Transporter of: Other (Please explain)
 Recompletion Oil Dry Gas FORMERLY:
 Change in Ownership Casinghead Gas Condensate Bowers A Federal #8

If change of ownership give name and address of previous owner **Exxon Corp. P.O. Box 1600 Midland, TX 79702**

DESCRIPTION OF WELL AND LEASE

Lease Name: **N.Hobbs(G/SA)Unit Sec. 30** Well No.: **342** Pool Name, including Formation: **Hobbs G/SA** Kind of Lease: **XXXX** State, Federal or Fed. Lease No.: **XXXX**

Location: Unit Letter **0**; **440** Feet From The **South** Line and **330** Feet From The **East** Line and **331** Feet From The **West** Line

Line of Section **30** Township **18S** Range **38E** , NMPM, LEA Coun

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Well TA'd

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline **P.O. Box 1910 Midland, TX 79702**

Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
Phillips Pipeline **4001 Penbrook St. Odessa, TX 79762**

If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

NO CHANGE Yes NA

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. R
<input checked="" type="checkbox"/>								

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth

Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 able 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-Bble. Water-Bble. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bble. Condensate/MCF Gravity of Condensate

Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission 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
 A. J. FORE, SENIOR ENGINEERING TECHNICIAN
 (Signature) (Title)

JANUARY 25, 1980
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY *Orig. Signed By*
 _____ Sexton

TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or derelict well, this form must be accompanied by a tabulation of the core tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for eligible on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of core