

OIL CONSERVATION DIVISION  
P. O. BOX 2080  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUESTED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PERMITTING OFFICE	

Operator  
SHELL WESTERN E&P INC.

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

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input 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

Lease Name N. HOBBS (G/SA) UNIT SEC. 33	Well No. 213	Pool Name, including Formation HOBBS (GRAYBURG/SAN ANDRES)	Kind of Lease State, XXXXXXXXXXX	Lease No.
Location Unit Letter <u>C</u> ; <u>1300</u> Feet From The <u>NORTH</u> Line and <u>2455</u> Feet From The <u>WEST</u>				
Line of Section <u>33</u> Township <u>18-S</u> Range <u>38-E</u> , NMPM, <u>LEA</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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, TEXAS 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
PHILLIPS PIPE LINE COMPANY <b>GPM Gas Corporation</b> <b>EFFECTIVE February 1, 1985</b>	1901 PENBROOK, ODESSA, TEXAS 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
K 33 18-S 38-E	YES 2-19-85

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'v.
X	X		X					
Date Spudded 1-15-85	Date Compl. Ready to Prod. 2-19-85	Total Depth 4370'		P.B.T.D. -----				
Elevations (DF, R&B, RT, GR, etc.) 3646' DF	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 4027'		Tubing Depth 3914'				
Perforations 4027' - 4255'			Depth Casing Shoe 4370'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" (CONDUCTOR)	40'	
12-1/4"	8-5/8" (24, 32#)	1551'	425 SX LITE + 250SXHE II
7-7/8"	5-1/2" (14#)	4370'	525 SX LITE + 250SXHE II

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)

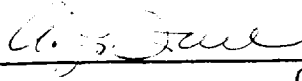
Date First New Oil Run To Tanks 2-19-85	Date of Test 2-25-85	Producing Method (flow, pump, gas lift, etc.) PUMP - SUBMERSIBLE	
Length of Test 24 HRS	Tubing Pressure 30	Casing Pressure 30	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 725	Water-Bbls. 103	Gas-MCF 667

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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 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 REG. & PERMITTING  
(Title)  
MARCH 28, 1985  
(Date)

OIL CONSERVATION DIVISION

APR - 2 1985

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

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 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 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 completed wells.

RECEIVED

APR -1 1985

O.C.D.  
HOBBS OFFICE