

OPERATOR	
PRODUCTION OFFICE	
TRANSPORTER	OIL GAS
LAND OFFICE	
DATE	
STATE	
COUNTY	
LOCALITY	

OIL CONSERVATION COMMISSION
 REGULATORY DIVISION
 A.D. 1979
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-114
 5-1979
 1-1979

I. OPERATOR
 SHELL OIL COMPANY
 Address: P. O. BOX 991, HOUSTON, TX 77001

Reason(s) for filing (Check one, or box) Other (Please explain)

New Well Change in Transporter of Oil Formerly:
 Completion Oil Dry Gas H. D. McKINLEY #1
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner: GETTY OIL COMPANY, P. O. BOX 1231, MIDLAND, TEXAS 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
N. Hobbs (G/SA) Unit Sec. 30	321	Hobbs G/SA	XXXXXX Fee FEE

Location: Unit Letter G, 2310 Feet From The North Line and 2310 Feet From The East Line of Section 30 Township 18S Range 38E, NMPM, Lea

III. 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 PIPELINE	P. O. BOX 1910, MIDLAND, TEXAS 79702
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 PIPELINE	4001 PENBROOK, ODESSA, TEXAS 79762

If well produces oil or liquids, give location of tanks: Unit NO CHANGE Sec. NO CHANGE Typ. NO CHANGE Pte. NO CHANGE

Is gas naturally compressed? YES When NA

IV. COMPLETION DATA

Designate Type of Completion - (X) -	Oil well	Gas well	New well	Recover	Deepen	Plug Back	Side Track
(X)							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevation (DF, FKB, RT, GR, 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

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 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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
 (Signature)
 A. J. FORE, SENIOR ENGINEERING TECHNICIAN
 (Title)
 JANUARY 25, 1980
 (Date)

OIL CONSERVATION COMMISSION

APPROVED 1980, 19...

BY: Jerry Sexton
 Dist. 1, Supv.

TITLE _____

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled oil well, this form must be accompanied by a tabulation of test data taken on the well in accordance with RULE 111. All portions of this form must be filled out completely on one new and unglazed sheet. Fill out only parts I, II, III, and VI for existing wells, and parts of number, or the appropriate other, each change of use.