

OIL CONSERVATION COMMISSION  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REG. CH. 4  
 5-1-1938  
 1-1-1938

TRANSPORTER  
 OIL  
 GAS

OPERATOR

REGISTRATION OFFICE

**SHELL OIL COMPANY**  
 Address  
 P. O. BOX 991, HOUSTON, TX 77001

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of   
 Recore/Redrill  Oil  Dry Gas   
 Change in Ownership  Costinghead Gas  Condensate

Other (Please explain)  
 FORMERLY:  
 W. D. Grimes A#8

If change of ownership give name and address of previous owner Gulf Oil Corp. P.O. Box 1150 Midland, TX 79702

**II. DESCRIPTION OF WELL AND LEASE**

**NEW**

Lease Name: N. Hobbs (G/SA) Unit Sec. 32 Well No.: 112 Pool Name, including Formation: Hobbs G/SA Kind of Lease: XXXXXXXXXX Fee

Location: Unit Letter: E; 1370 Feet From The North Line and 330 Feet From The West

Line of Section: 32 Township: 18S Range: 38E N.M.P.M. Lea

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

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

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

If well produces oil or liquids, give location of tanks: Unit NO CHANGE Sec. NO CHANGE Twp. NO CHANGE Rge. NO CHANGE Is gas actually connected? Yes When: NA

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 hole, etc.
(X)							
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Revolvers (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		

**TUBING, CASING, AND CEMENTING RECORD**

POLE 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 that obtainable 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	Testing Pressure	Casing Pressure	Crate 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
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Crate 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)

JAN 25 1969

**OIL CONSERVATION COMMISSION**

APPROVED FEB 1 1969  
 BY Jerry Sexton  
 TITLE Dist. 1. Supv.

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