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

Form C-104  
Supersedes Old C-104 and C-  
Effective 1-1-63

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 Oil   
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate   
 Other (Please explain)  
**FORMERLY:  
Dist. W. Hardin #7**

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

**DESCRIPTION OF WELL AND LEASE**

Lease Name <b>N. Hobbs (G/SA) Unit Sec. 18</b>	Well No. <b>311</b>	Pool Name, Including Formation <b>Zeller G/SA</b>	Kind of Lease <del>XXXXXXXXXX</del> Fee	Lease No.
Location Unit Letter <b>B</b> ; <b>990</b> Feet From The <b>North</b> Line and <b>2310</b> Feet From The <b>East</b>				
Line of Section <b>18</b> Township <b>18S</b> Range <b>38E</b> , NMPM, LEA County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1910 Midland, TX 79702</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook St. Odessa, TX 79762</b>
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. <b>NO CHANGE</b>	Is gas actually connected? When <b>Yes NA</b>

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. Re.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, 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

**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	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

**I. 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 \_\_\_\_\_, 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 or deep well, this form must be accompanied by a tabulation of the dev. tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for a well on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter, or other such change of con-