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| 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 OIL C-104 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:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate   
 Other (Please explain)  
**FORMERLY: McKinley "A" 4**

If change of ownership give name and address of previous owner  
**Shell Oil Co. P.O. Box 576 Houston, TX 77001**

**I. DESCRIPTION OF WELL AND LEASE**

|   |                        |   |  |       |
|---|------------------------|---|--|-------|
| Lease Name<br><b>N.Hobbs(G/SA)Unit Sec. 19</b>  | Well No.<br><b>241</b> | Pool Name, including Formation<br><b>Hobbs G/SA</b> | Kind of Lease<br><b>XXXXXXXXXX Fee</b> | Lease |
| Location<br>Unit Letter <b>N</b> ; <b>330</b> Feet From The <b>South</b> Line and <b>2310</b> Feet From The <b>West</b><br>Line of Section <b>19</b> Township <b>18S</b> Range <b>38E</b> , NMPM, LEA Co. |                        |   |  |       |

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

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

If this production is commingled with that from any other lease or pool, give commingling order number:

**II. COMPLETION DATA**

|                                    |                             |                 |              |          |        |           |             |       |
|------------------------------------|-----------------------------|-----------------|--------------|----------|--------|-----------|-------------|-------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well     | Workover | Deepen | Plug Back | Same Res'v. | Diff. |
| 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 |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

**III. 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-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

**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            |

**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 *Don Sexton*  
 TITLE **Dist. 1. Supv.**

This form is to be filed in compliance with RULE 110A. If this is a request for allowable for a newly drilled or 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 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