

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

I. Operator  
SHELL OIL COMPANY

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	FORMERLY:
Recapitulation <input type="checkbox"/>	B HARDIN #4
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of Oil <input type="checkbox"/>	
Change in Transporter of Gas <input type="checkbox"/>	
Change in Transporter of Condensate <input type="checkbox"/>	

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. 19	411	Shell G/SA	State, Federal or Fee Fee
Location	Unit Letter	Feet From The	Line and
	A	1000	1300
		West	East
Line of Section	Township	Range	Lea
19	18S	38E	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" 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 Gas <input checked="" 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 liquid, give location of tanks.	Is gas actually connected? When
	YES 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	Some Inst.
(X)							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, FKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Restrictions			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

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 (prior, 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 FEB 1 1980, 1980  
BY Jerry Sexton  
Dist. 1, Supv.  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 110. 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 110. All sections of this form must be filled out completely and on new and uncompleted wells. Fill out only Sections I, II, III, and VI for other wells, well name or number, or transporter, or other such change of