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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

**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-110  
 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   
 Incompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain)  
**FORMERLY:**  
**Sanger #2**

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

**DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<b>L. Hobbs (G/SA) Unit Sec. 27</b>	<b>241</b>	<b>Hobbs G/SA</b>	<del>XXXXXXXXXX</del> Fee	

Location  
 Unit Letter **N**; **330** Feet From The **South** Line and **1325** Feet From The **West**  
 Line of Section **27** Township **18S** Range **38E** 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 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.  
**NO CHANGE**

Is gas actually connected? When  
**Yes NA**

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. Res'v.
<b>(X)</b>								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Deviations (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

**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*  
 J. FORE, SENIOR ENGINEERING TECHNICIAN  
 (Signature)  
 (Title)

NOVEMBER 25, 1980  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED FEB 1 1980, 19\_\_

BY Jerry Sexton  
 Orig. Signed by  
 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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and re-completed wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.