

OIL CONSERVATION DIVISION
 P. O. BOX 20811
 SANTA FE, NEW MEXICO 87501

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DISTRIBUTION	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
 SHELL WESTERN E&P INC.

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Oil Dry Gas
 Recompletion Oil Condensate
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name N. HOBBS (G/SA) UNIT SEC. 19	Well No. 212	Pool Name, including Formation HOBBS (GRAYBURG/SAN ANDRES)	Kind of Lease XXXXXX Fee	Lease No.
Location Unit Letter <u>C</u> ; <u>160</u> Feet From The <u>NORTH</u> Line and <u>1460</u> Feet From The <u>WEST</u> Line of Section <u>19</u> Township <u>18-S</u> Range <u>38-E</u> , NMPM, <u>LEA</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SHELL PIPE LINE CORP.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1910, MIDLAND, TEXAS 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) 2801 PENBROOK, ODESSA, TEXAS 79762
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. 0 18 18-S 38-E	Is gas actually connected? When YES 6-25-85

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest'v. <input type="checkbox"/>	Diff. Rest'v. <input type="checkbox"/>	
Date Spudded 4-02-85	Date Compl. Ready to Prod. 6-25-85	Total Depth 4370'	P.B.T.D. -----	Elevations (DF, RKE, RT, CR, etc.) 3664.8' GL	Name of Producing Formation GRAYBURG/SAN ANDRES	Top Oil/Gas Pay 4019'	Tubing Depth 3980'	Perforations 4019' - 4021' 4069' - 4070'	Depth Casing Shoe 4368'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" (CONDUCTOR)	40'	
12-1/4"	9-5/8" (36#)	1504'	425 SX LITE+ 200 SX HE II
8-3/4"	7" (20#)	4368'	750 SX LITE+ 470 SX HE II

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 6-25-85	Date of Test 7-13-85	Producing Method (Flow, pump, gas lift, etc.) PUMP - SUBMERSIBLE
Length of Test 24 HRS	Tubing Pressure 30	Casing Pressure 30
Actual Prod. During Test	Oil-Bbla. 17	Water-Bbla. 762
		Gas-MCF 33

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	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 Division 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

A. J. FORE

SUPERVISOR REG. & PERMITTING

JULY 18, 1985

(Date)

OIL CONSERVATION DIVISION

JUL 23 1985

APPROVED _____, 19

BY _____

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 deviaton 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 recompleted 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.
 Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

JUL 22 1985

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION