

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASOperator
SHELL WESTERN E&P INC.Address
P.O. BOX 991, HOUSTON, TEXAS 77001

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
N. HOBBS (G/SA) UNIT SEC.29	122	HOBBS (GRAYBURG/SAN ANDRES)	XXX, Federal XXXX	
Location				
Unit Letter	E	1600 Feet From The	NORTH Line and	180 Feet From The
Line of Section	29	T. wship	18-S	Range
			38-E	, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
SHELL PIPE LINE CORP.	P.O. BOX 1910, MIDLAND, TEXAS 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
PHILLIPS PIPE LINE COMPANY	4001 PENBROOK, ODESSA, TEXAS 79762					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	29	18-S	38-E	YES	2-6-85

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
12-1-84	2-6-85		4370'		-----			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3662' DF; 3649.3' GL	SAN ANDRES		4157'		4316'			
Perforations					Depth Casing Shoe			
4157' - 4306'					4370'			

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"	8-5/8" (24, 32#)	1510'	250 SX LITE + 250SXHE2
7-7/8"	5-1/2" (14#)	4370'	350 SX HE2 + 425 SX
			LITE + 200 SX HE2

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.)	
2-6-85	2-14-85	PUMPING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS	35	35	-----
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	120	176	116

GAS WELL

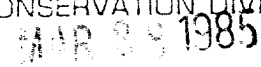
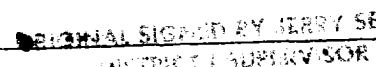
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
(Signature)
SUPERVISOR REG. & PERMITTING
(Title)
MARCH 12, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED  1985, 19
BY 
DIRECT SUPERVISOR
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 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 multiply completed wells.