

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
 Revised 10/1/77

OPERATOR	
PRODUCTION OFFICE	
TRANSPORTER	OIL
	GAS

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:
Recompletion <input type="checkbox"/>	State C #4
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of Oil <input type="checkbox"/>	
Oil <input type="checkbox"/>	
Change in Transporter of Gas <input type="checkbox"/>	
Gas <input type="checkbox"/>	
Change in Transporter of Condensate <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner  
 Samedan Oil Corp. P.O. Box 909 Ardmore, OK 73401

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. Hobbs (G/SA) Unit Sec. 24	Well No. 141	Pool Name, including Formation Hobbs G/SA	Kind of Lease State, XXXXXXXXXXXX
Location Unit Letter M	Feet From The 1315	South	Line and 1315
Line of Section 24	Township 18S	Range 37E	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910 Midland, TX 79702
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Pipeline	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St. Odessa, TX 79762
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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as Prev.
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						

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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 exceedable 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

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)  
 (Date) JAN 25 1980

OIL CONSERVATION COMMISSION

APPROVED FEB 1 1980

BY Orig. Signed 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 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 re-completed wells. Fill out only Sections I, II, III, and VI for this well name or number, or transporter, or other such change of