

REQUEST FOR ALLOWANCE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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   
 Recompletion       Oil       Dry Gas   
 Change in Ownership       Casinghead Gas       Condensate

Other (Please explain)  
**FORMERLY: State D #2**

If change of ownership give name and address of previous owner: **Shell Oil Co. P.O. Box 576 Houston, TX 77001**

I. DESCRIPTION OF WELL AND LEASE

Lease Name <b>N. Hobbs (G/SA) Unit Sec. 24</b>	Well No. <b>211</b>	Pool Name, including Formation <b>Hobbs G/SA</b>	Kind of Lease	State
Location Unit Letter <b>C</b> ; <b>660</b> Feet From The <b>North</b> Line and <b>198</b> Feet From The <b>West</b> Line of Section <b>24</b> Township <b>18S</b> Range <b>37E</b> NMPM, LEA				

I. 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: <b>NO CHANGE</b>	Is gas actually connected? <b>Yes</b> When: <b>NA</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.
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	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

III. 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)

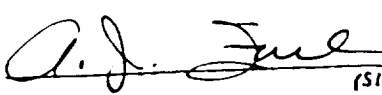
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

IV. 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.

  
(Signature)  
**A. J. FORE, SENIOR ENGINEERING TECHNICIAN**  
(Title)  
**JANUARY 25, 1980**  
(Date)

OIL CONSERVATION COMMISSION  
**FEB 1 1980**

APPROVED \_\_\_\_\_, 19\_\_  
BY **Jerry Sexton**  
TITLE **Dist 1, Supv.**

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 recompleted wells.  
Fill out only Sections I, II, III, and VI for changes well name or number, or transporter, or other such change of