OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator

SHELL WESTERN E&P INC.

Address

P. O. BOX 991, HOUSTON, TEXAS 77001

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ]   Dry Gas [ ]
Casinghead Gas [ ]   Condensate [ ]

Other (Please explain)

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
NORTH HOBBS UNIT SEC. 34	342	HOBBS (GRAYBURG/SAN ANDRES)	State, Federal or Fee FEE	

Location SURFACE LOCATION/BOTTOMHOLE LOCATION

Unit Letter __O__ : 305/405 Feet From The __SOUTH__ Line and 1650/1540 Feet From The __EAST__

Line of Section __34__ Township __18-S__ Range __38-E__ , NMPM,   __LEA__ County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	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 EFFECTIVE: February 1, 1992	Address (Give address to which approved copy of this form is to be sent)
PHILLIPS PIPE LINE COMPANY GPM Gas Corporation	4001 PENBROOK, ODESSA, TEXAS 79762

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	34	18-S	38-E	YES	3-27-84

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

III. 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.
12-27-83	3-27-84	4370'TVD; 4390'TMD	----------

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3604.5' GL	GRAYBURG/SAN ANDRES	4131'	4381'

Perforations			Depth Casing Shoe
4131'-4225' 4264'-4373'			4390'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16" CONDUCTOR	30'	
12-1/4"	8-5/8" (24#)	1618'	500 SX LITE + 250SX C*
7-7/8"	5-1/2" (14#)	4390'	275 SX CL C + 450SX LITE + 100 SX CL C

IV. TEST DATA AND REQUEST FOR ALLOWABLE
(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-4-84	5-14-84	PUMPING	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS.	60	80	----

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	17	186	118

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

V. 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)   A. J. FORE

A. J. FORE, SUPERVISOR REG. & PERMITTING (Title)

MAY 21, 1984 (Date)

OIL CONSERVATION DIVISION

APPROVED __MAY 25 1984__ , 19__

BY __ORIGINAL SIGNED BY JERRY SEXTON__
DISTRICT I 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.