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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator
Shell Oil Company

Address
P. O. Box 1509, Midland, Texas   79701

Reason(s) for filing *(Check proper box)*

New Well [X]   Change in Transporter of: Other *(Please explain)*

Recompletion [ ]   Oil [ ]   Dry Gas [ ]

Change in Ownership [ ]   Casinghead Gas [ ]   Condensate [ ]

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hodges Federal B	Well No. 5	Pool Name, Including Formation Cato San Andres	Kind of Lease State, Federal or Fee **Federal**	Lease No. NM-022636

Location
Unit Letter **E** ; **1980** Feet From The **North** Line and **660** Feet From The **West**

Line of Section **34**   Township **8-S**   Range **30-E** , NMPM, **Chaves** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Mobil Pipe Line Corporation

Address *(Give address to which approved copy of this form is to be sent)*
P. O. Box 900, Dallas, Texas

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]

Address *(Give address to which approved copy of this form is to be sent)*

If well produces oil or liquids, give location of tanks.	Unit E	Sec. 34	Twp. 8-S	Rge. 30-E	Is gas actually connected? **No**	When

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-176**

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X							

Date Spudded 7-31-69	Date Compl. Ready to Prod. 8-9-69	Total Depth 3570'	P.B.T.D. ---
Elevations *(DF, RKB, RT, GR, etc.)* 3657' DF	Name of Producing Formation **San Andres**	Top Oil/Gas Pay 3481'	Tubing Depth 3532'
Perforations 3481', 3484', 3488', 3500', 3503', 3506', 3511'			Depth Casing Shoe 3569'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8 5/8"	263'	200 sx.
	4 1/2"	3569'	500 sx.
	2 3/8"	3532'	

V. 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

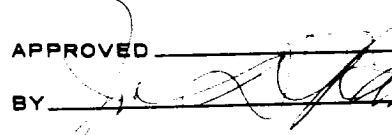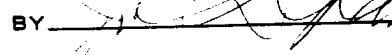| Date First New Oil Run To Tanks 8-9-69	Date of Test 8-16-69	Producing Method *(Flow, pump, gas lift, etc.)* **Pumping**	
Length of Test 15 hr.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 160	Oil - Bbls. 160	Water - Bbls. 0	Gas - MCF 79

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

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.

_____ _____ **L. S. Mitchell**
(Signature)

Division Production Superintendent
(Title)

August 18, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____ 1969 , 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 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