

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION 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-1
 Effective 1-1-65

Operator
SHELL OIL COMPANY

Address
P. O. BOX 991, HOUSTON, TEXAS 77001

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	FORMERLY:
Recompletion <input type="checkbox"/>	State "B13" #2
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"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner
Continental Oil Co. P.O. Box 460 Hobbs, NM 88240

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name				State, Federal or Foreign	
N. Hobbs (G/SA) Unit Sec. 13		141	Hobbs G/SA	XXXXXXXXXX	
Location	Unit Letter	Feet From The	Line and	Feet From The	County
	M	660	South	660	West
Line of Section	Township	Range	NMPM,		LEA
13	18S	37E			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P. O. Box 1910 Midland, TX 79702	
Shell Pipeline		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		4001 Penbrook St. Odessa, TX 79762	
Phillips Pipeline		is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pgs.	Yes	NA
	NO CHANGE		

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

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

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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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

I. 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)
JANUARY 25, 1980 (Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 1 1980**, 19__

BY Jerry Sexton
 Orig. Signed by
 Dist 1, Supy.

TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for a well on now and completed wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.