DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Superariles Old C-104 and Effective 1-1-65	
FILE U.S.G.S.	AUTHORIZATION TO TRA	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
TRANSPORTER OIL GAS	-			
OPERATOR PROBATION OFFICE	- <u> </u>		•	
SHELL OIL COMPANY				
P. O. BOX 991, HOUSTON	, TEXAS 77001			
Reason(s) for filing (Check proper box New Well	Change in Transporter ois	Other (Please explain) FORMERLY:	•	
Recompletion	Oll Dry Ga Casinghead Gas Conder	Filstate "BI3" #4		
Change in Ownership		Box 460 Hobbs, NM 88240		
and address of previous owner		BUX 400 HUDDS, NA 00240		
DESCRIPTION OF WELL AND Lease Name N.Hobbs(G/SA)Unit Sec.	Well No. Pool Name, Including r	ormation Kind of Lease State, KARA	¢КХХХ	
Unit Letter F ; 19	80 Feel From The North Lin	e and 1980 Feet From Th	he West	
13	wnship 185 Range	37Е , ммрм,	LEA Court	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which approve	d copy of this form is to be sent.	
Neme of Authorized Transporter of Oll Shell Pipeline	or Condensate	P.O. Box 1910 Midland, T Address (Give address to which approve		
Nome of Authorized Transporter of Ca Phillips Pipeli		Address (Give address to which approve 4001 Penbrook <u>St. Odessa</u>		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. NO CHANOE	Is gas actually connected? When Yes		
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:		
Designate Type of Completion	on - (X)	New Well Workover Deepen	Plug Back Same Resty, Diff. R	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!1/Gas Pay	Tubing Depth	
Perforation s		L	Depth Casing Shoo	
		CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		
. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fier recovery of total volume of load oil ar	nd must be equal to or exceed top a	
OIL WELL Dete First New Oil Run To Tanks	able for this de	p:h or be for full 24 hours) Preducing Method (Flow, pump, gas lift,		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Pred. During Tool	Qil-Bbls.	Water-Bbls.	Gas - MCF	
Actedi Pred, During Fort				
GAS WELL	Length of Test	Bbls. Contenagte/AMCF	Gravity of Condenecte	
Actual Frod. Tool-MCFD		Casing Pressure (Shut-in)	Choke Size	
Testing kivihod (pitot, back pr.)	Tubing Pressue (Shut-iu)			
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.		OIL CONSERVATION COMMISSION FEB 1 1980		
		Orig. Signed by		
		Jerry Sexton		
		TITLE Dis: 1. Supv.	ompliance with RULE 1104.	
7. Jame		If this is a request for allows	this for a newly diffied or deep ted by a tabulation of the devia	
A. J. FORE, SENIOR ENGINE	ering TECHNICIAN	tests taken on the wall in accord All sections of this form mus	t he filled out completely for a	
JANUARY 25, 1980	·····	able on new and to completed wer	III. and VI for changes of us	
	ule)		•	