

DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
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-105
Effective 1-1-65

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 "B13" #5

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
Lease Name
N.Hobbs(G/SA)Unit Sec. 13
Well No. 121
Pool Name, including Formation
G/SA
Kind of Lease
State, Federal or Fee
Lease No.
Location
Unit Letter E
1980 Feet From The North Line and 660 Feet From The West
Line of Section 13 Township 18S Range 37E, NMPM, LEA County

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

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

Designate Type of Completion - (X)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Hestv. Diff. Res.
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
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MCF Gravity of Condensate
Testing Method (piston, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

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
FEB 1 1980
APPROVED _____, 19____
BY _____
Orig. Signed by
Jerry Sexton
TITLE _____
Dist. 1, Supv.
This form is to be filled 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 devils tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on now and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.