

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 O-104
Supersedes O-104
Effective 1-1-65Operator
Shell Oil CompanyAddress
P. O. Box 991, Houston, TX 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:

Lea F 0 State #1

If change of ownership give name
and address of previous owner

Gulf Oil Corp. P. O. Box 1150 Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name N.Hobbs(G/SA)Unit Sec. 14	Well No. 241	Pool Name, Including Formation G/SA	Kind of Lease State, XXXXXXXXXXXX	Lea
Location Unit Letter N ; 660 Feet From The South Line and 2310 Feet From The West Line of Section 14 Township 18S Range 37E, NMPM, Lea				

III. 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, Odessa, TX 79762	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 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:

IV. COMPLETION DATA

Designate Type of Completion - (X) -	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Hes'ty, Dis'
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, RAB, RT, CR, 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				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed 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/MMCF	Gravity of Condensate
Testing Method (prior, 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.

A. J. Fore
(Signature)A. J. Fore, Senior Engineering Technician
(Title)January 25, 1980
(Date)

OIL CONSERVATION COMMISSION

FEB 1 1980

APPROVED

BY

Orig. Signed by

Jerry Sexton

TITLE

Dist 1, Supv.

This form is to be filed in compliance with RULE 1104

If this is a request for allowable for a newly drilled lease well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely, even on now and non-completed wells.

Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of