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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 OMC-104
Effective 1-1-65

I.

Operator
Shell Oil Company

Address
P. O. Box 991, Houston, TX 77001

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Formerly:

State "B" #2

If change of ownership give name and address of previous owner
Getty Oil Company, P.O. Box 1231 Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name N.Hobbs(G/SA)Unit Sec14	Well No. 321	Pool Name, Including Formation G/SA	Kind of Lease State, XXXXXXXXX	Lea
Location Unit Letter 'G' : 2310 Feet From The North Line and 1650 Feet From The East 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 1901 Midland, Tx 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Shell 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. Rge. Is gas actually connected? When Yes NO 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	Same as Prev.	Dis.
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					

V. 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: able 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 - Bbla.	Water - Bbla.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.


(Signature)

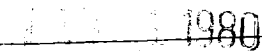
A. J. Fore, Senior Engineering Technician

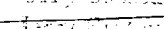
(Title)

JAN 25 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED  1980, 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 old 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 in blue or navy and 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