

10. OF COPIES RECEIVED				NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
DISTRIBUTION				REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-110	
UNIT A FEE				AND		Effective 1-1-65	
LE				AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
S.G.S.							
AND OFFICE							
TRANSPORTER		OIL					
		GAS					
PERATOR							
RORATION OFFICE							
erator							
SHELL OIL COMPANY							
ress							
P. O. BOX 991, HOUSTON, TEXAS 77001							
ason(s) for filing (Check proper box)				Other (Please explain)			
w Well <input type="checkbox"/>				FORMERLY:			
ompletion <input type="checkbox"/>				Shipp A #1			
ange in Ownership <input checked="" type="checkbox"/>							
Change in Transporter of:							
Oil <input type="checkbox"/>							
Casinghead Gas <input type="checkbox"/>							
Dry Gas <input type="checkbox"/>							
Condensate <input type="checkbox"/>							
Change of ownership give name						C&C Operating Corp. P.O. Box 1829 Hobbs, NM 88240	
l address of previous owner							
DESCRIPTION OF WELL AND LEASE							
Well Name		Well No.		Pool Name, including Formation		Kind of Lease	
.Hobbs(G/SA)Unit Sec. 23		121		Hobbs G/SA		XXXXXXXXXX Fee	
Location							
Unit Letter E		1650		Feet From The North		Line and 990	
						Feet From The West	
Line of Section 23		Township 18S		Range 37E		, NMPM, LEA County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
PERMIAN CORP				1509 W. WALL, MIDLAND, TX 79703			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Vent							
well produces oil or liquids, ve location of tanks.		Unit Sec. Twp. Rge.		Is gas actually connected?		When	
		NO CHANGE		NO		NA	
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 Res'tv.	
						Diff. Res'tv.	
are Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
evations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
erforations						Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
TEST DATA AND REQUEST FOR ALLOWABLE							
(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)							
ate 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	
ctual Prod. During Test		Oil-Bbls.		Water-Bbls.		Gas-MCF	
AS WELL							
ctual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MCF		Gravity of Condensate	
easting Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	
CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION			
ereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given ve is true and complete to the best of my knowledge and belief.				APPROVED FEB 1 1980, 19			
				BY Orig. Signed by Jerry Sexton Dist 1, Supr			
				TITLE			
J. Fore, Senior Engineering Technician				This form is to be filed in compliance with RULE 1104.			
JANUARY 25, 1980				If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
				All sections of this form must be filled out completely for allow- able on new and re-completed wells.			
				Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.			