

NEW MEXICO OIL AND NATURAL GAS CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supp. Rev. 10-201
1-77 (Rev. 1-1-75)

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 F No. 3

If change of ownership give name and address of previous owner C. H. Sweet, Estate of

II. DESCRIPTION OF WELL AND LEASE

Lease Name

N. Hobbs (G/SA) Unit Sec 23

Well No. Pool Name, including Formation

431

Shell G/SA

Kind of Lease

State, XXXXXXXXXXXX

Location

Unit Letter I : 2310 Feet From The South Line and 330 Feet From The East

Line of Section 23 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 Company

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Phillips Pipeline Company

If well produces oil or liquids, give location of tanks.

Unit Sec. Twp. Rge.
NO CHANGE

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 1910 Midland, TX 79702

Address (Give address to which approved copy of this form is to be sent)

4001 Penbrook St., Odessa, TX 79762

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	Same as Prev.
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 exceedable 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 (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.

A. J. Fore
(Signature)

A. J. FORE SENIOR ENGINEERING TECHNICIAN
(Title)

JANUARY 25, 1980

JAN 25, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 1 1980

BY Jerry Sexton

TITLE Dist. 1. Supv.

This form is to be filed in compliance with RULE 110. If this is a request for allowable for a newly drilled 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 also on new and recompleted wells. Fill out only Sections I, II, III, and VI for change of well name or number, or transporter or other such change of