

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZED TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
SHELL OIL COMPANY
 Address
P. O. BOX 991, HOUSTON, TX 77001
 Region(s) for filing (Check proper box)
 New Well Change in Transporter of Oil
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain) **FORMERLY:**
State F No. 4
 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. **412** Pool Name, Including Formation **Phillips G/SA** Kind of Lease **State, ~~XXXXXXXXXX~~**
 Location
 Unit Letter **A** : **990** Feet From The **North** Line and **760** Feet From The **East** Line of Section **23** Township **18S** Range **37E**, NMPDM, **Lea**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Shell Pipeline Company 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 Company 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 **NO CHANGE** Is gas actually connected? **Yes** When **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 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 (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 SENIOR ENGINEERING TECHNICIAN
JANUARY 25, 1980

OIL CONSERVATION COMMISSION
FEB 1 1980
 APPROVED _____
 BY **Jerry Sexton**
 TITLE **Dist. J. Sexton**
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or reworked 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 to include on new and reworked wells.
 Fill out only Sections I, II, III, and VI for this well name or number, or transporter, or other such change of