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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
Supersedes Old C-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 ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Formerly:
Shell State No. 3
If change of ownership give name and address of previous owner
John A. S.P. Yates 207 S. 4th St. Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE
Lease Name
N. Hobbs (G/SA) Unit Sec. 23
Well No.
341
Pool Name
G/SA
Kind of Lease
State, XXXXXXXXXX
Location
Unit Letter 0 : 990 Feet From The South Line and 1650 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 Co.
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 Co.
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 Hole
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: 1 barrel 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
JAN 25 1980
OIL CONSERVATION COMMISSION
FEB 1 1980
APPROVED
BY Jerry Sexton
Dist 1, Supv.
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 to file 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