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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 and C-
Effective 1-1-65

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:
State E #1

If change of ownership give name and address of previous owner **Amerada Hess Corporation P.O. Box 2040 Tulsa, OK 74102**

I. DESCRIPTION OF WELL AND LEASE

Lease Name **N.Hobbs(G/SA)Unit Sec. 24** Well No. **121** Pool Name, including Formation **G/SA** Kind of Lease **XXXXXXX** Lease No.

Location
Unit Letter **E**; **1650** Feet From The **North** Line and **990** Feet From The **West**
Line of Section **24** Township **18S** Range **37E**, NMPM, Lea Count

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline Corporation 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 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** Sec. **CHANGE** Twp. **18S** Rge. **37E** Is gas actually connected? **Yes** When **N/A**

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 Res'v. ☐ Diff. R. ☐

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 top 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 - Bbls. Water - Bbls. Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Testing Method (pitot, 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)
JAN 25 1980 (Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 1 1980**, 19

BY **Jerry Sexton** Orig. Signed by
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 d well, this form must be accompanied by a tabulation of the d tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely f: able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes o well name or number, or transporter, or other such change of c
Separate Form C-104 must be filled for each pool in