AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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 [X]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

FORMERLY:

State C #3

If change of ownership give name and address of previous owner Samedan Oil Corp. P.O. Box 909 Ardmore, OK 73401

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
N. Hobbs (G/SA) Unit Sec. 24	131	Hobbs G/SA	State, ~~XXXXXXXXX~~

Location

Unit Letter L : 2310 Feet From The South Line and 1315 Feet From The West

Line of Section 24 Township 18S Range 37E , NMPM, Lea C

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]

Shell Pipeline

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 [X] 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	Sec.	Twp.	Rge.
	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 Restv.	Diff. Restv.

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 (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)

OIL WELL

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

TITLE

This form is to be filed in compliance with RULE 110

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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, or transporter or other such change of condition.