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SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

Operator

SHELL OIL COMPANY

Address

P. O. BOX 991, HOUSTON, TEXAS 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:

New Mexico A State #5

If change of ownership give name and address of previous owner

Exxon Corp. P.O. Box 1600 Midland, TX 79702

DESCRIPTION OF WELL AND LEASE

Lease Name

N.Hobbs(G/SA)Unit Sec. 25

Well No.

341

Pool Name, including Formation

Shells G/SA

Kind of Lease

State, XXXXXXXXXX

Lease No.

Location

Unit Letter

0

Feet From The

South

Line and

1650

Feet From The

East

Line of Section

25

Township

18S

Range

37E

NMPM,

LEA

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Shell Pipeline

Name of Authorized Transporter of Casinghead Gas

Phillips Pipeline

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

Unit

Sec.

Twp.

Rge.

NO CHANGE

Is gas actually connected?

Yes

When

NA

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

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)

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

TEST DATA AND REQUEST FOR ALLOWABLE 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 (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

I. 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

(Date)

OIL CONSERVATION COMMISSION

FEB 1 1980

APPROVED

BY

Original Signed by

Jerry Sexton

Dist 1, Supv.

TITLE

This form is to be filled in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

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