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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, TEXAS 77001

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change In Ownership [X]

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

Other (Please explain)
FORMERLY:
New Mexico A State #9

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease N
N. Hobbs (G/SA) Unit Sec. 25	241	_____ G/SA	State, XXXXXXXXX	

Location

Unit Letter __N__ ; __2310__ Feet From The __West__ Line and __990__ Feet From The __South__

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 [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.	Is gas actually connected?	When
		NO CHANGE			Yes	NA

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

COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
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		
						Depth Casing Shoe		
Perforations								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
(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)

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

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.

(Signature)
J. FORE, SENIOR ENGINEERING TECHNICIAN
(Title)

JANUARY 25, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19___

BY _Orig. Signed by_
Jerry Sexton

TITLE _Dist 1. Supv._

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

If this is a request for allowable for a newly drilled or dee 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 for able 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 con