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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-1
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 ☐ Change in Transporter of Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☒ Casinghead Gas ☐
Other (Please explain)
FORMERLY: NEW MEXICO DDB
C STATE NO. 1
If change of ownership give name and address of previous owner
TEXACO, INC., P. O. BOX 3109, MIDLAND, TEXAS 79702

I. DESCRIPTION OF WELL AND LEASE
Lease Name
N.Hobbs(G/SA)Unit Sec. 25
Well No. 411
Pool Name, including Formation
Shells G/SA
Kind of Lease
State, Federal or Fee STATE
Lease No.
Location
Unit Letter A
330 Feet From The North Line and 330 Feet From The East
Line of Section 25 Township 18S Range 37E, NMPM, LEA County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
SHELL PIPELINE
Address (Give address to which approved copy of this form is to be sent)
P. O. BOX 1910, MIDLAND, TEXAS 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, ODESSA, TEXAS 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:
I. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
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

II. 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 allowable 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 (piros, 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, SENIOR ENGINEERING TECHNICIAN
JANUARY 25, 1980

OIL CONSERVATION COMMISSION
APPROVED FEB 1 1980
BY Jerry Sexton
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 deep well, this form must be accompanied by a tabulation of the dev. tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well 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 cond