

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104

Supplemental Form

12-1-1975

UNITED STATES OF AMERICA

DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PROBATION OFFICE

Operator

SHELL OIL COMPANY

Address

P. O. BOX 991, HOUSTON, TX 77001

Reason(s) for filing (Check proper box)

Other (Please explain)

Formerly:

B HARDEN #3

If change of ownership give name and address of previous owner

AMERADA HESS CORPORATION, P. O. BOX 2040, TULSA, OKLA. 74102

DESCRIPTION OF WELL AND LEASE

Lease Name

N. Hobbs (G/SA) Unit Sec. 18

Well No.

131

Pool Name, including Formation

Hobbs G/SA

Kind of Lease

Leasehold

Lease Fee

FEE

Location

Unit Letter

L

Feet From The

2310

South Line and

330

Feet From The

West

Line of Section

18

Township

18S

Range

38E

NMPM

Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

Address (Give address to which approved copy of this form is to be sent)

-----LEASE TA'D-----

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

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

Unit

Sec.

Typ.

Rge.

Is gas actually connected?

When

NO CHANGE

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) -

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 (piston, 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.

A. J. Fore

A. J. FORE, SENIOR ENGINEERING TECHNICIAN

JANUARY 25, 1980

OIL CONSERVATION COMMISSION

APPROVED

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 reworked 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 to allow on new and reworked wells.

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