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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)	Other (Please explain) FORMERLY:
New Well <input type="checkbox"/>	Change in Transporter of <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
D. W. Hardin #2	

If change of ownership give name and address of previous owner Gulf Oil Corp. P.O. Box 1150 Midland, TX 79702

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name	Well No.	XXXXXX Federal or Fee	
N.Hobbs(G/SA) Unit Sec. 18	441		
Location	Pool Name, including Formation		
Unit Letter P : 330 Feet From The South Line and 990 Feet From The East	G/SA		
Line of Section 18 Township 18S Range 38E NMPM, LEA Count			

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P.O. Box 1910 Midland, TX 79702	
Shell Pipeline		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		4001 Penbrook St. Odessa, TX 79762	
Phillips Pipeline		Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 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 Hcst'v. Diff. R
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Total Depth
	Top Oil/Gas Pay
	Tubing Depth
	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET

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 able 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		Bbls. Condensate/MCF		Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 1980	
		BY _____ Orig. Signed by Jerry Sexton Dist 1, Supv.	
A. J. FORE, SENIOR ENGINEERING TECHNICIAN		TITLE _____	
JANUARY 25, 1980		This form is to be filed in compliance with RULE 1104.	
		If this is a request for allowable for a newly drilled or d 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 fo able on new and re-completed wells.	
		Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of c	