

DISTRIBUTION  
SANTA FE  
FILE  
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-105  
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 ☐  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change In Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
FORMERLY:  
D.W. Hardin #5

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  
Lease Name  
N.Hobbs(G/SA)Unit Sec. 18  
Well No. 331  
Pool Name, including Formation  
G/SA  
Kind of Lease  
XXXXXXXXXX Fee  
Location  
Unit Letter J  
1980 Feet From The South Line and 1980 Feet From The East  
Line of Section 18 Township 18S Range 38E NMPM, LEA Count

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, TX 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 St. Odessa, TX 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:  
COMPLETION DATA  
Designate Type of Completion - (X)  
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'tv. Diff. Re  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, CR, 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  
(Test must be after recovery of total volume of load oil and must be equal to or exceed top of hole 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/MCF 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, SENIOR ENGINEERING TECHNICIAN  
JANUARY 25, 1980

OIL CONSERVATION COMMISSION  
APPROVED  
BY  
TITLE  
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 able on now 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 con