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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
Superseding Old C-104 and
Effective 1-1-65

I. Operator Shell Oil Company
Address P. O. Box 991, Houston, TX 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: Hardin #1

If change of ownership give name and address of previous owner Cities Service Co. P.O. Box 1919 Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE
Lease Name N.Hobbs(G/SA)Unit Sec. 19 Well No. 221 Pool Name, including Formation G/SA Kind of Lease XXXXXXXXXX Fee
Location
Unit Letter F : 2310 Feet From The North Line and 2310 Feet From The West
Line of Section 19 Township 18S Range 38E , NMPM, Lea Co.

III. 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 NO CHANGE Sec. NO CHANGE Twp. NO CHANGE 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:

V. COMPLETION DATA
Designate Type of Completion - (X) - ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same as Prev. ☐ Diff. P.
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

VI. 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)
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 (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VII. 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 (Signature)
A. J. Fore, Senior Engineering Technician (Title)
JAN 25 1969 (Date)
OIL CONSERVATION COMMISSION
APPROVED , 19
BY Jerry Sexten
Dist. L. Supp.
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 test data 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 change of well name or number, or transporter or other such change of condition.