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OIL CONSERVATION DIVISION P. O. BOX 2008 SANTA FE. NEW MEXI

	V 1. U 1.	SANTA FE, NEW MEXICO 87501						
	REQUEST FOR ALLOWABLE							
,	AND OTERATION AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
Shell Western E&P, Inc.								
	Address							
	200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001 Reason(s) for filing (Check proper box)							
	New Well Change in Transporter of:					•		
	Recompletion Change in Ownership X	Oil Dry (Gaz		•			
	If change of ownership give name and address of previous owner	Shell Oil Company, P.O.	Box 991, Houst	on, Texas	77001			
11.	DESCRIPTION OF WELL AND							
	N. Hobbs G/SA Unit Sec.	Well No. Pool Name, including 19 121 Hobbs (G-SA)	Formation	Kind of Leas State, Federa		Lease N		
	Location	10 Feet From The NOTTH L	Ine and <u>333</u>	Feet From	me west	-J		
	Line of Section 19 T.	emahip 185 ' Range	38E . NMPI	u. Lea	•	Count		
- 1U.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	.15	:				
	Shell Pipeline Corporat ARCO Pipeline Company	or Condensate		Midland	Texas 79702	o be sent)		
	Name of Authorized Transporter of Ca	singhead Cas X or Dry Gas 1	LAKLU KUTIATAA	indonand	onco Vancae 6	772A1		
	Phillips Pipelime Compa	Of M. Odd Gorporation						
	If well produces oil or liquids, give location of tanks.	No Change	Yes		NA -			
·· · ·	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	, give commingling orde	ı unmpeu	· · · · · · · · · · · · · · · · · · ·			
	Designate Type of Completion	on - (X) Gas Well Gas Well	New Well Workover	Deepen	Plug Bock Same Res	'v. Diff. Res		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.a.T.D.			
	Eievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	· · · · ·	Tubing Depth			
	Perforations	<u> </u>	<u> </u>	•	Depth Casing Shoe			
					Depth Castry Shoe			
•	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECOR		SACKS CEM	ENT		
					JACKS CEM			
1			<u> </u>			-		
`. Ī	OIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE - (Test must be a sble for this de Date of Test	ofter recovery of total volu- rath or be for full 24 hours Producing Method (Flou	·)		ceed top allo		
-	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
.	Actual Prod. During Test							
Į	Actual Fied, During 1 est	Oil-Bhis.	Water-Bbla.		Gas-MCF			
1	GAS WELL			· · · · · · · · · · · · · · · · · · ·				
T	Actual Prod. Teet-MCF/D	Length of Teet	Bbis. Condensete/AMCF	-	Cravity of Condensate			
t	Teeting Method (pitat, back pr.)	Tubing Pressure (slmt-in)	Casing Pressure (Shut-	-in)	Chake Size			
ા. (CERTIFICATE OF COMPLIANCE	E		DNISERVATI	ON DIVISION			
	•			"JANZ"	9N_BIVISION 4 1984			
T.	hereby certify that the rules and re division have been compiled with	and that the information given	ONGWAL SIGNED BY EDDIE SEAY					
	save in the and complete to the	best of my knowledge and bellef.						
•	A Constant							
7	12/ Varian		If this is a requ	eat for allows	empliance with route bla for a nawly drilled	or despens		
_	Attorney-in-Fact	wej	well, this form must be accompenied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.					
_	(Title) All sections of this form must be filled out completely able on new and recompleted wells.							
_	Dute		Fill out only S well name or number.	ections I, II. , or transporte:	111, and VI for change, or other auch change	of condition		

well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiple completed wells.

HOSES CENCE

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