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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 OIL C-10
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 ☐ Casinghead Gas ☐ Condensate ☐
Change In Ownership ☒ Other (Please explain)
Formerly:
Hardin #2

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. 121	Pool Name, including Formation G/SA	Kind of Lease State, Federal or Fee XXXXXXXXXXXX
Location Unit Letter E ; 2310 Feet From The North Line and 333 Feet From The West Line of Section 19 Township 18S Range 38E , NMPM, Lea			

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. Twp. Rge. Is gas actually connected? Yes
		When NA

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X) -	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as Prev.	Drill
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

V. 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: 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

VI. 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 1964

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY John Sexton
Orig. Signed by

TITLE Dist. 1, Supv.

This form is to be filed in compliance with RULE 110.
If this is a request for allowable for a newly drilled or 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, also 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