

No. of Copies Received		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWANCE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
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 ☐  
Recompletion ☐  
Change in Ownership ☒

Change in Transporter of:

Oil ☐  
Casinghead Gas ☐

Dry Gas ☐  
Condensate ☐

Other (Please explain)

FORMERLY:

McKinley "A" 1

If change of ownership give name and address of previous owner: Shell Oil Co. P.O. Box 576 Houston, TX 77001

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
N. Hobbs (G/SA) Unit Sec. 19	141	Holder G/SA	XXXXXXXXXX Fee	
Location				
Unit Letter	M	330 Feet From The	South Line and	330 Feet From The
West				
Line of Section	19	Township	18S	Range
38E, NMPM, LEA				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipeline	P.O. Box 1910 Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Pipeline	4001 Penbrock St. Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
		NO CHANGE			Yes	NA

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Hest.	Diff.
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			

IV. 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 100 bbls. 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

V. 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.

OIL CONSERVATION COMMISSION  
FEB 1980  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Orig. Signed by  
Jerry Sexton  
Dist 1, Supy.  
TITLE \_\_\_\_\_

A. J. Fore  
(Signature)  
A. J. FORE, SENIOR ENGINEERING TECHNICIAN  
(Title)

JANUARY 25, 1980

(Date)

This form is to be filed in compliance with RULE 1104  
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  
able on now and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes in  
well name or number, or transporter, or other such change of