

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

Form C-104
Supersedes OIL C-104
Effective 1-1-65

I.

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

Operator Shell Oil Company

Address P. O. Box 991, Houston, TX 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:

H. D. McKinley "A" 1

If change of ownership give name and address of previous owner

Getty Oil Co. P. O. Box 1231 Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE New

Lease Name	Well No.	Pool Name, Producing Formation	Kind of Lease	Lease
<u>N. Hobbs (G/SA) Unit Sec. 20</u>	<u>111</u>	<u>G/SA</u>	<u>XXXXXXXXXX Fee</u>	
Location	Unit Letter	Feet From The	Line and	Feet From The
	<u>D</u>	<u>330</u>	<u>North</u>	<u>330</u> <u>West</u>
Line of Section	Township	Range	N.M.P.M.	Lea
<u>20</u>	<u>18S</u>	<u>38E</u>		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

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 Reservoir	Dist.
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 that 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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
JAN 25 1980 (Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

Orig. Signed by

Jerry Sexton

Dist 1, Supr

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled test 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 to enable on now and record completed wells.

Fill out only Sections I, II, III, and VI for change of well name or number, or transporter, or other such change of