

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

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

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

Operator
SHELL OIL COMPANY

Address
P. O. BOX 991, HOUSTON, TEXAS 77001

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Other (Please explain) FORMERLY: McKinley "B" #1
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>		

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 N.Hobbs(G/SA) Unit Sec. 20	Well No. 231	Pool Name, including Formation Phillips G/SA	Kind of Lease XXXXXXXXXX Fee	Lease
Location Unit Letter K : 2310 Feet From The South Line and 1320 Feet From The West				
Line of Section 20 Township 18S Range 38 E , NMPM, LEA Cour				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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:

III. COMPLETION DATA

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well	New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Hest'v. <input type="checkbox"/> Diff. F <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Total Depth
	Top Oil/Gas Pay
	P.B.T.D.
	Tubing Depth
	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 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 (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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)

JANUARY 25, 1980
(Date)

OIL CONSERVATION COMMISSION

FEB 1 1980

APPROVED _____, 19____

BY **Jerry Sexton**
Dist. 1. Supv.

TITLE _____

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or de 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 for able on new and re-completed wells. Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of co