

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PROBATION OFFICE

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:

Renewal ☐Oil ☐Dry Gas ☐Change in Ownership ☒Casinghead Gas ☐Condensate ☐

Other (Please explain)

FORMERLY:

Moon A #2

If change of ownership give name
and address of previous owner

Samedan Oil Corp. P.O. Box 909 Ardmore, OK 73401

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease Fee
N. Hobbs (G/SA) Unit Sec. 28	311	G/SA	XXXXXXXXXXXX	
Location	Unit Letter	Feet From The	Line and	Feet From The
	B	1315	North	330
			Line and	Feet From The
			West	East
Line of Section	28	Township	185	Range
			38E	NMPM, LEA

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)					
Shell Pipeline	P.O. Box 1919 Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Phillips Pipeline	4001 Penbrook St. Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	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	Some Restr.
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/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.

(Signature)

A. J. FORE SENIOR ENGINEERING TECHNICIAN

(Title)

JAN 28 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

Orig. Signed by

Jerry Sexton

Dist 1, Supv.

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

If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 1111.

All sections of this form must be filled out completely to file on new and recompleting wells.

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