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

Operator SHELL OIL COMPANY	
Address P. O. BOX 991, HOUSTON, TEXAS 77001	
Reason(s) for filing (Check proper box)	Other (Please explain) FORMERLY: Grimes #3
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" 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. 28	Well No. 231	Pool Name, including Formation Lobbs G/SA	Kind of Lease XXXXXXXXXX State, Federal or Fee	Lease No.
Location Unit Letter <u>K</u> ; <u>1325</u> Feet From The <u>South</u> Line and <u>1325</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>18S</u> Range <u>38E</u> , NMPM, LEA County				

I. 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 1901 Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" 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, Odessa, TX 79762
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. NO CHANGE	Is gas actually connected? When Yes NA

If this production is commingled with that from any other lease or pool, give commingling order number:			
II. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res't. Diff. Res't.		
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

III. 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 allowable 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

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 APPROVED <u>FEB 1 1980</u> , 19____ BY <u>Jerry Sexton</u> Orig. Signed by TITLE <u>Dist 1, Supv.</u> This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
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