

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supersedes OIL C-101 and
Effective 1-1-65

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:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Formerly:

W. D. Grimes SOC #2X

If change of ownership give name
and address of previous owner

Arco Oil & Gas Co., P. O. Box 1109 Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name N.Hobbs(G/SA)Unit Sec. 28	Well No. 221	Pool Name, including Formation G/SA	Kind of Lease Single Federal Fee	Lease XXXXXXXXXXXX
Location Unit Letter F : 1910 Feet From The North Line and 1650 Feet From The West Line of Section 28 Township 18S Range 38E, NMPM, Lea Co				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Arco Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1109 Midland, TX 79702		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ 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 Sec. Twp. 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:

IV. COMPLETION DATA

Designate Type of Completion - (X) -	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same as Prev. Drilling
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (OF, 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 top
able for this depth or be for full 24 hours)

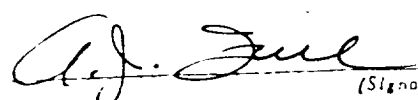
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (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.


(Signature)

A. J. Fore, Senior Engineering Technician

JAN 25 1980

(Date)

OIL CONSERVATION COMMISSION

FEB 1 1980

APPROVED _____, 19

BY _____
Orig. Signed by
Jerry Sexton

TITLE _____
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 or de-
well, this form must be accompanied by a tabulation of the de-
tests taken on the well in accordance with RULE 111.

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

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