

DISTRIBUTION			
SANTA FE			
FILE			
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: Bowers A Federal #7
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 Exxon Corp. P.O. Box 1600 Midland, TX 79702

DESCRIPTION OF WELL AND LEASE		Kind of Lease XXXX Federal XXXX	Lease No.
Lease Name N.Hobbs(G/SA)Unit Sec. 29	Well No. Pool Name, including Formation 121 Hobbs G/SA		
Location Unit Letter <u>E</u> : <u>2970</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> West			
Line of Section <u>29</u>	Township <u>18S</u>	Range <u>38E</u>	NMPM, LEA Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline		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 Sec. Twp. Pge. 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:

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Re
Designate Type of Completion -- (X)									
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

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 of hole 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		Bbls. Condensate/MCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>FEB 1 1980</u> , 19	
		BY <u>Jerry Sexton</u> Orig. Signed by Dist 1, Supy.	
A. J. FORE, SENIOR ENGINEERING TECHNICIAN (Title)		TITLE	
JANUARY 25, 1980 (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for wells on now 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 com.	