** of (C* 1) ***	· · · · · ·		
DISTRIBUTION			
SANTAFE			
FILE			
U.S.G.S.		1	
LAND OFFICE		ļ	
IRANSPORTER	OIL	<u> </u>	
	GAS		
OPERATOR		ļ	<b> </b>
PRORATION OFFICE		<u>.                                    </u>	<u> </u>
Chetatot			

## 

	DISTRIBUTION		R ALLOWABL'	Supersedes (11 Effective 1-1-1		
	TILE	AUTHORIZATION TO TRANS	AND SPORT OIL AND NATUR	AL GAS		
1	LAND OFFICE	AUTHURIZATION TO TRANS	,, (1)			
} -	I RANSPORTER OIL					
				•		
	OPERATOR PHORATION OFFICE					
	SHELL OIL COMPANY					
	P. O. BOX 991, HOUSTON	TX 77001	Other (Please explain	.,		
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Formerly:			
	New We!I  Recompletion	OII Dry Gas	H. D. McKinle	ey # 3		
	Change in Ownership X	Casinghead Gas Condensa		_		
I	f change of ownership give name And address of previous ownerAnd	merada Hess Corporation	P.O. Box 2040 Tuls	ia. OK 74102		
	DESCRIPTION OF WELL AND L	EASE Hollis	Kind o	il Leaso	Lease N	
1. [	Lease Name	033	*XXXX	XXXXXXXXXX	_}	
	11.110003 (d) 3/1/01110 300.		0010	From The West		
	Unit Letter C : 3	30 Feet From The North Line	and 2310		C	
	Line of Section 30 Town	ship 18S Range	38E , NMPM.	Lea	Cour	
{		OF OH AND NATURAL GAS		-fabia form i	e to be sent)	
1.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GAS	Address (Give address to whic	A approved copy of this form is		
	Arco Pinalina		P. O. Box 1190, Mid	h approved copy of this form is	s to be sent)	
	Name of Authorized Transporter of Cast Phillips Pipeline		4001 Penbrook St.,	Odessa, TX 79762		
		Unit Sec.	ls gas actually connected?	N/A		
		NO! CHANGE ;		er:		
τ,	If this production is commingled with COMPLETION DATA	Oil Well Gas Well	New Well Workover Dec	epen   Plug Back   Same F	Restv. Diff. I	
. * .	Designate Type of Completio	On wen		P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth			
		Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, CR, etc.)			Depth Casing Shoe		
	Ferforations					
			CEMENTING RECORD	SACKS C	EMENT	
	HOLE SIZE	CASING & TUBING SIZE				
		`				
V. TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be able for this depth or be for full 24 hours)  able for this depth or be for full 24 hours, gas lift, etc.)						
Oll WELL.						
	Date First New Oil Run To Tanks		Casing Pressure	Choke Size		
	Length of Test	Tubing Pressure		Gcs-MCF		
	Actual Prod. During Test	Cil-Bbls.	Water - Bbls.	Gas-Wor		
	Actual 7 tour C			<u></u>		
	- A O WELL		Bbls. Condensate/MMCF	Gravity of Conden	.5210	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test				
	Testing kiethod (pitot, back pr.)	Tubing Piesswe (Shut-in)	Cosing Pressure (Shut-in	) Choke Size		
	Testing Method (pitot, back priv		011 001	SERVATION COMMIS	SION	
V	I. CERTIFICATE OF COMPLIAN	CE			19	
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.		11				
		BY Signed By  Jerry Sexton				
above is true and complete.			TITLE Dist 1, Supv.			
	_			filed in compliance with t		
A. J. FORE SENIOR ENGINEERING TECHNICIAN  All sections on new			well, this form must be	This form is to be litted in comparing the form is to be litted in this is a request for allowable for a newly drilled or if this form must be accompanied by a tabulation of the ell, this form must be accordance with RULE 111.  ats taken on the well in accordance with RULE 111.		
			tests taken on the west in the form must be filled out completely			
			able on new and recompleted at the and in for changes			
		HAR 25 page	well name or number, o	tions I. II. III, and of the response, or other such		