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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 Old C-104 and C-
Effective 1-1-85

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

Other (Please explain)
Formerly:
H. D. McKinley #4

If change of ownership give name and address of previous owner
Amerada Hess Corporation P.O. Box 2040 Tulsa, OK 74102

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease Fee
N. Hobbs(G/SA) Unit Sec. 30	121	G/SA	XXXXXXXXXX	
Location	Unit Letter	Feet From The	North	Line and
	E	2310	Feet From The	330
			West	
Line of Section	30	Township	18S	Range
				38E
				NMPM,
				Lea
				Co

II. 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)					
Arco Pipeline	P.O. Box 1190, 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	N/A

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest.	Diff.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, FKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

IV. TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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/MCF	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.

A. J. Fore
(Signature)
A. J. FORE SENIOR ENGINEERING TECHNICIAN
(Title)
JAN 25 1980

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY Jersey

TITLE Dist. 1

This form is to be filed in compliance with RULE 11

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 111.

All sections of this form must be filled out completely 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 such change.

Form C-104 must be filed for each pool.