

NAME OF WELL	
DATE OF COMPLETION	
DATE OF TEST	
NAME OF FIELD	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION COMMISSION
BUREAU OF ALLOWABLE
AND
AUTHORITY TO TRANSPORT OIL AND NATURAL GAS

Form OCS-1
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OCS-1

Operator SHELL OIL COMPANY	
Address P. O. BOX 991, HOUSTON, TX 77001	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of ☐
Perforation ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐
Formerly: H. D. McKINLEY #2	
If change of ownership give name and address of previous owner GETTY OIL COMPANY, P. O. BOX 1231, MIDLAND, TEXAS 79702	

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. Hobbs (G/SA) Unit Sec. 30	Well No. Pool Name, including Formation 421 Hobbs G/SA	Kind of Lease XXXXXXX Fee FEE
Location Unit Letter H ; 2310 Feet From The North Line and 990 Feet From The East		
Line of Section 30 Township 18S Range 38E N 4PM, Lea		

III. 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)
SHELL PIPELINE	P. O. BOX 1910, MIDLAND, TEXAS 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, ODESSA, TEXAS 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Typ. Rpt. Is gas actually connected? When
NO CHANGE	YES 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 Shut-in		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DS, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Day	Testing 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 greater than allowable for this depth or be for full 24 hours)

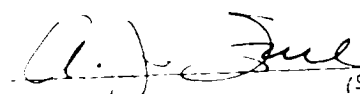
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back prod.)	Testing 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
(Title)
JANUARY 25, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED  19
BY **Orig. Signed by**
Jerry Sexton
Dist. 1, Supv.
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of all tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely to file on new and recompleted wells.
Fill out only Sections I, II, III, and VI for shut-in wells and on number, or transfer, or other such changes.