

OIL CONSERVATION DIVISION  
P. O. BOX 2004  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF WELLS REQUESTED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.R.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

I. Operator  
Shell Western E&P, Inc.

Address  
200 North Dairy Ashford, P.O. Box 991, Houston, Texas 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) \_\_\_\_\_

If change of ownership give name and address of previous owner  
Shell Oil Company, P.O. Box 991, Houston, Texas 77001

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. Hobbs G/SA Unit Sec. 30	Well No. 331	Pool Name, including Formation Hobbs (G-SA)	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter <u>J</u> : <u>2335</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section 30	T. or ship 18S	Range 38E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corporation ARCO Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79702 ARCO Building, Independence, Kansas 67301
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Pipeline Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4002 Penbrook St, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks. Unit <u>EFFECTIVE February</u> 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 numbers \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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 allowable for this depth or be for full 24 hours)

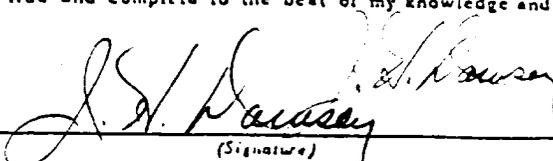
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Start-In)	Casing Pressure (Start-In)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
\_\_\_\_\_  
Attorney-in-Fact  
(Title)  
December 1, 1983 Effective January 1, 1984  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JAN 25 1984, 19\_\_\_\_  
BY ORIGINAL SIGNED BY EDDIE SEAY  
TITLE OIL & GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.