

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes O-104
Effective 1-1-65

NO. OF COPIES REQUIRED	
DISTRIBUTION	
MAINTENANCE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. 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: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒

Other (Please explain)
FORMERLY: STATE 30 #1

If change of ownership give name and address of previous owner
Marathon Oil Company, P. O. Box 522, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. Hobbs (G/SA) Unit Sec. 30	Well No. 231	Pool Name, including Formation G/SA	Kind of Lease State, XXXXXX State	Lease C
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Location
Unit Letter K : 2310 Feet From The South Line and 2310 Feet From The West Line of Section 30 Township 18S Range 38E , NMPM, Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Pipeline Company	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. Typ. Rge. 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:

V. COMPLETION DATA

Designate Type of Completion - (X) - Oil Well Gas Well New Well Workover Deepen Plug Back Sand Shovel Out	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Productive Formation	Top of Gas Pay	Tubing Depth	Depth Casing Shoe

PERFORATIONS

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 lead oil and must be equal to or exceed 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 (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)
JANUARY 25, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____
(Signature)

TITLE _____

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or old 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 to enable review and record-keeping. Fill out only Sections I, II, III, and VI for change of well name or number, or transporter or other such change of