

DISTRIBUTION	
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FILE	
U.S.G.S.	
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 OIL C-101
Effective 1-1-85

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 ☐
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
FORMERLY: STATE 30 #9

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.: Pool Name, including Formation 141 Hobbs G/SA	Kind of Lease State, Rocky Mountain State	Lease C
Location Unit Letter M ; 990 Feet From The South Line and 990 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, TEXAS 79762		
If well produces oil or liquids, give location of tanks.	Unit NO CHANGE	Sec. NO CHANGE	Page YES
Is gas actually connected?		When 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	Same Fresh	Unit
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (OF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			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 lead oil and must be equal to or exceed allowable for this depth or be for full 24 hours)

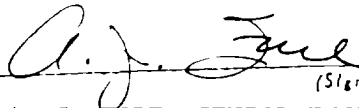
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.


(Signature)
A. J. FORE, SENIOR ENGINEERING TECHNICIAN
(Title)
JANUARY 25, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or reworked 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 file 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 of