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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

Operator: Shell Oil Company

Address: P. O. Box 991, Houston, TX 77001

Reason(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [ ]
- Change in Ownership [X]
- Change in Transporter of: Oil [ ] Casinghead Gas [ ] Dry Gas [ ] Condensate [ ]

Other (Please explain): Formerly: Fowler # 4

If change of ownership give name and address of previous owner: Cities Service Company P. O. Box 1919 Midland, Tx 79702

I. DESCRIPTION OF WELL AND LEASE

Hobbs

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
N.Hobbs(G/SA)Unit Sec.31	421	G/SA	~~State~~ ~~Federal~~ Fee	

Location: Unit Letter H : 1370 Feet From The North Line and 330 Feet From The East

Line of Section 31 Township 18S Range 38E , NMPM, Lea Co

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Arco Pipeline	Address (Give address to which approved copy of this form is to be sent): P.O. Box 1190 Midland, Tx 79702
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Phillips Pipeline	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.	Twp.	Rge.	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:

V. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, 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

VI. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. 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
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY Orig. Signed by Jerry Sexton

TITLE Dist. I, Supv.

This form is to be filed in compliance with RULE 110

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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 operator, well name or number, or transporter, or other such change of condition.