

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

1.

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| DE OF OFFICE RECEIVED | | |
| DISTRIBUTION | | |
| SAFETY | | |
| FILE | | |
| U.S.U.S. | | |
| LAW OFFICE | | |
| TRANSPORTER | OIL GAS | |
| OPERATOR | | |
| PRODUCTION OFFICE | | |

Address

200 North Dairy Ashford, P.O. Box 991, Houston, Texas 77001

Reason(s) for filing (Check proper box)

Now Well

Change in Transporter of:

Recompletion

C11

Dry Gas

Change in Ownership ☒

Castinghead Gas

Condensate

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. 31 | Well No. 211 | Pool Name, Including Formation Hobbs (G-SA) | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter <u>C</u> : <u>440</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>31</u> Township <u>18S</u> Range <u>38E</u> , 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"/> | | | | | Address (Give address to which approved copy of this form is to be sent) | |
| Shell Pipeline Corporation ARCO Pipeline Company | | | | | 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"/> | | | | | Address (Give address to which approved copy of this form is to be sent) | |
| Phillips Pipeline Company GPM Gas Corporation | | | | | 4001 Penbrook St, Odessa, Texas 79762 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | No | Change | | | Yes | NA |

!f this production is commingled with that from any other lease or pool, give commingling order number:

3. 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 (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/MMCF | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

1. 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

(Over)

OIL CONSERVATION DIVISION

APPROVED JAN 26 1984, 12

APPROVED _____
 BY _____ ORIGINAL SIGNED BY JERRY SEXTON
 _____ SUPERVISOR

TITLE

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 deviation tests taken on the well in accordance with RULE III.

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 point in multiple completed wells.