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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 Old C-104
Effective 1-1-65

I.

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

☒

Change in Transporter of:

Oil

☐

Casinghead Gas

☐

Dry Gas

☐

Condensate

☐

Other (Please explain)

Formerly:

Fowler #1

If change of ownership give name
and address of previous owner

Getty Oil Company P. O. Box 1231 Midland, Tx 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lea
N.Hobbs(G/SA)Unit Sec. 31	211	G/SA	XXXXXXXXXX Fee	
Location				
Unit Letter	C	: 440 Feet From The	North Line and	2310 Feet From The
Line of Section	31	Township	18S	Range
			38E	NMPM, Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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

IV. COMPLETION DATA

Designate Type of Completion - (X) -	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'ty.	Dr
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		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 load oil and must be equal to or exceed
able 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.

OIL CONSERVATION COMMISSION

FEB 1 1980

APPROVED

Orig. Signed by

BY

Jerry Sexton

TITLE

Dist. 1, Supv.

This form is to be filed in compliance with a

If this is a request for allowable for a newly well, this form must be accompanied by a tabular tests taken on the well in accordance with RU

All sections of this form must be filled out this on new and recompleted wells.

Fill out only Sections I, II, III, and V well name or number, or transporter, or other

A. J. Fore, Senior Engineering Technician

JAN 25 1980

(Title)

(Date)