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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS		
OPERATOR			
PRORATION OFFICE			

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

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

Operator SHELL OIL COMPANY	
Address P. O. BOX 991, HOUSTON, TEXAS 77001	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	FORMERLY:
Recompletion <input type="checkbox"/>	NORA BERRY #3
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of <input type="checkbox"/>	
Oil <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner MOBIL OIL CORP., 3 GREENWAY PLAZA E., SUITE 800, HOUSTON, TX. 77046

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name				State, Federal or Fee	
N.Hobbs (G/SA) Unit Sec. 31		131	Hobbs G/SA	FEE	
Location					
Unit Letter	L	Feet From The	WEST	Line and	2310
		Feet From The	SOUTH		
Line of Section	31	Township	18S	Range	38E
					NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P. O. BOX 1910, MIDLAND, TEXAS 79702	
SHELL PIPELINE		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		4001 PENBROOK, ODESSA, TEXAS 79762	
PHILLIPS PIPELINE			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	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:

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
Designate Type of Completion - (X)									
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

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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19 _____	
		BY _____ Orig. Signed by Jerry Sexton Dist. 1, Supv.	
A. J. FORE, SENIOR ENGINEERING TECHNICIAN (Title)		TITLE _____	
JANUARY 25, 1980 (Date)		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 deviated 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 owner, well name or number, or transporter, or other such change of condition.	