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FILE
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.
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 ☒
Change in Transporter of:
Oil ☐
Casinghead Gas ☐
Dry Gas ☐
Condensate ☐

Other (Please explain)
Formerly:
State A #1

If change of ownership give name and address of previous owner
Amerada Hess Corporation P.O. Box 2040 Tulsa, OK 74102

II. DESCRIPTION OF WELL AND LEASE
Lease Name
N.Hobbs(G/SA)Unit Sec. 32
Well No. 311
Pool Name, Including Formation G/SA
Kind of Lease
State, ~~XXXXXXXXXX~~
Lease N
Location
Unit Letter B
990 Feet From The North Line and 2310 Feet From The East
Line of Section 32 Township 18S Range 38E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Arco Pipeline company
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 ☒ or Dry Gas ☐
Phillips Petroleum Corp.
Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook St., Odessa, TX 79762
Is gas actually connected? Yes
When N/A
If well produces oil or liquids, give location of tanks. NO CHANGE

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Rest'v. ☐ Diff. R ☐
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

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 top 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/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.
A. J. Fore
(Signature)
A. J. FORE SENIOR ENGINEERING TECHNICIAN
(Title)
JAN 25 1980
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 1 1980
BY Jerry Sexton
Dist 1, Supv.
TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or d well, this form must be accompanied by a tabulation of the d tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely f able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes o well name or number, or transporter, or other such change of c
Complete Form C-104 must be filed for each pool in