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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-11  
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"/>	Change in Transporter of: FORMERLY:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	STATE "A 33" #2
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner CONTINENTAL OIL CO., P. O. BOX 460, HOBBS, N. M. 88240

DESCRIPTION OF WELL AND LEASE			
Lease Name N.Hobbs(G/SA)Unit Sec. 33	Well No. 131	Pool Name, including Formation G/SA	Kind of Lease State, Federal or Fee STATE
Location Unit Letter L ; 2310 Feet From The South Line and 330 Feet From The West			
Line of Section 33 Township 18S Range 38E , NMPM, LEA County			

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	P. O. BOX 1910, MIDLAND, TEXAS 79702		
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	4001 PENBROOK, ODESSA, TEXAS 79762		
If well produces oil or liquids, give location of tanks.	Unit NO CHANGE	Sec. CHANGE	Is gas actually connected? YES

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

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
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			
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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION FEB 1 1980	
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 _____	
A. J. Fore (Signature)		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 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 owner well name or number, or transporter, or other such change of condition.	