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| 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-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"/> | FORMERLY: |
| Recompletion <input type="checkbox"/> | STATE "A 33" #3 |
| Change in Ownership <input checked="" type="checkbox"/> | |
| Change in Transporter of Oil <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 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. 231 | Pool Name, including Formation Hobbs G/SA | Kind of Lease State, Federal or Fee STATE |
| Lease No. | | | |
| Location | | | |
| Unit Letter K | Feet From The 2310 | Line and 1320 | Feet From The N |
| Line of Section 33 | Township 18S | Range 38E | County LEA |

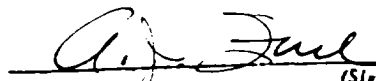
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|--|--|----------------|------------|
| DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved 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 | Sec. CHANGE | When NA |

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

| | | | |
|--------------------------------------|-----------------------------|-----------------|-------------------|
| 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 |
| | | | |
| | | | |
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| 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 |

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| I. 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, SENIOR ENGINEERING TECHNICIAN | |
| (Title) | |
| JANUARY 25, 1980 | |
| (Date) | |

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| OIL CONSERVATION COMMISSION | |
| APPROVED FEB 1 1980 | |
| BY Jerry Sexton | |
| TITLE Dist. L. Supv. | |
| 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 deviate 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. | |