

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE			
SANTA FE		AND			
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
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" #4	
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 COMPANY, P. O. BOX 460, HOBBS, N. M. 88240					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Kind of Lease	
N.Hobbs(G/SA)Unit Sec. 33		331		State, Federal or Fee	
Location		Pool Name, including Formation		STATE	
Unit Letter J		Hobbs G/SA		East	
1920		South		1780	
Feet From The		Line and		Feet From The	
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		When	
NO CHANGE		Sec.		Is gas actually connected?	
		Twp.		YES	
		Rge.		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		Workover	
		Deepen		Plug Back	
		Same Res't.		Diff. Res't.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation		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	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	
				Gas - MCF	
GAS WELL					
Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
				Gravity of Condensate	
				Choke Size	
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 (Signature)					
A. J. FORE, SENIOR ENGINEERING TECHNICIAN (Title)					
JANUARY 25, 1980 (Date)					
OIL CONSERVATION COMMISSION					
APPROVED _____, 19 _____					
BY _____					
TITLE _____					
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 all wells on new and recompleted wells.					
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.					