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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-1  
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 G #1  
If change of ownership give name and address of previous owner  
Amoco Production Company, P. O. Box 3092, Houston, TX 77002

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
N.Hobbs(G/SA)Unit Sec. 33  
Well No.  
121  
Pool Name, Including Formation  
G/SA  
Kind of Lease  
State, ~~XXXXXX~~  
Lease No.  
Location  
Unit Letter 'E'; 2310 Feet From The North Line and 330 Feet From The West  
Line of Section 33 Township 18S Range 38E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Shell Pipeline  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Phillips Pipeline  
Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 1910, Midland, TX 79702  
Address (Give address to which approved copy of this form is to be sent)  
4001 Penbrook St., Odessa, TX 79762  
If well produces oil or liquids, give location of tanks.  
Unit Sec. Twp. Rge.  
NO CHANGE  
Is gas actually connected? Yes  
When N/A

IV. COMPLETION DATA  
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

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  
A. J. FORE SENIOR ENGINEERING TECHNICIAN  
JAN 25 1980

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 de well, this form must be accompanied by a tabulation of the de tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for able on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of co operate Form C-104 must be filled for each pool in