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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 ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ State C #2

Other (Please explain)
Formerly:

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. 36

Well No.
421

Pool Name, Including Formation
G/SA

Kind of Lease
State, **XXXXXXXXXX**

Location
Unit Letter **H**; **1650** Feet From The **North** Line and **330** Feet From The **East**

Line of Section **36** Township **18S** Range **37F**, NMPM, Lea Cou

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipeline

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1910 Midland TX 79702

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)
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? When
yes N/A

IV. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff.

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 testable 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
FEB 1 1980

APPROVED _____, 19__

BY **Orig. Signed By**

TITLE _____

This form is to be filed in compliance with RULE 110

If this is a request for allowable for a newly drilled or well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes well name or number, or transporter, or other such change of

Form C-104 must be filed for each pool