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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-110
Effective 1-1-65

SHELL OIL COMPANY
P. O. BOX 991, HOUSTON, TEXAS 77001
Reason(s) for filing
New Well
Completion
Change in Ownership
Change in Transporter of: Oil, Dry Gas, Casinghead Gas, Condensate
Other (Please explain) FORMERLY: Sanger #4

change of ownership give name and address of previous owner Shell Oil Company P. O. Box 576 Houston, Tx 77001

DESCRIPTION OF WELL AND LEASE
Well Name: J. Hobbs (G/SA) Unit Sec. 27
Well No.: 121
Pool Name, including Formation: Hobbs G/SA
Kind of Lease: XXXXXXXXXX Fee
Lease No.:
Location: Unit Letter E, 2645 Feet From The South Line and 412 Feet From The West
Line of Section 27, Township 18S, Range 38E, NMPM, LEA County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil (X) 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 (X) 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
Is well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When NO CHANGE Yes NA

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

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

Table with 4 columns: 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

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.
J. FORE, SENIOR ENGINEERING TECHNICIAN
JANUARY 25, 1980

OIL CONSERVATION COMMISSION
APPROVED FEB 1 1980
BY Jerry Sexton
TITLE Dist 1, Supv.
This form is to be filled 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.

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JAN 30 1980

OIL CONSERVATION DIV.