

NO. OF COPIES RECEIVED
 DISTRIBUTION
 CHECKED
 FILE
 U.S.G.S.
 LAND OFFICE
 TRANSPORTER OIL GAS
 OPERATOR
 PRODUCTION OFFICE

AMERICAN OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-114
 Supersedes OIL CON-101-65-11
 Effective 1-1-65

Shell Oil Company

P. O. Box 991, Houston, TX 77001

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of Oil Dry Gas
 Recombination Oil Condensate Formerly:
 Change in Ownership Costhead Gas State A #2

If 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
 Lease Name: N. Hobbs (G/SA) Unit Sec. 32
 Well No.: 321 Pool Name, including Formation: G/SA
 Kind of Lease: State, XXXXXXXXXXXX
 Location: Unit Letter G; 1650 Feet From The North Line and 2310 Feet From The East
 Line of Section 32 Township 18S Range 38E, NMPM, Lea County

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 Costhead 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? Yes When NA

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

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 (flow, back pr.): Tubing Pressure (Shot-in): Casing Pressure (Shot-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.
 A. J. Fore, Senior Engineering Technician
 (Title)

OIL CONSERVATION COMMISSION
 APPROVED: FEB 1960, 19
 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 deep well, this form must be accompanied by a tabulation of the test tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely, for a new and re-completed wells. Fill out only Sections I, II, III, and VI for change of well name or number, or transfer from one field to another.