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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-1
Effective 1-1-65

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"/>	GRAHAM STATE "A" 5
Change In Ownership <input checked="" type="checkbox"/>	
Change In Transporter of Oil <input type="checkbox"/>	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner GULF OIL CORPORATION, P. O. BOX 1150, MIDLAND, TEXAS 79702

DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lease Name	Well No.	State, Delaware <u>Tex</u>	
N. Hobbs (G/SA) Unit Sec. 24	421 <u>Hobbs</u> G/SA		
Location			
Unit Letter	H	1980 Feet From The North Line and 760 Feet From The East	
Line of Section	24	Township 18S Range 37E, NMPM, LEA County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		P. O. BOX 1910, MIDLAND, TEXAS 79702	
SHELL PIPELINE		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		4001 PENBROOK, ODESSA, TEXAS 79762	
PHILLIPS PIPELINE			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	NO CHANGE	YES	NA

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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 all 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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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
FEB 1 1980

APPROVED _____, 19____

BY _____
Orig. Signed 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 devils tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on now 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 condition.