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U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER 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-11
Effective 1-1-65

Operator
Shell Oil Company

Address
P. O. Box 1509, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [X]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
McKinley A	11	Hobbs (G-SA)	State, Federal or Fee Fee	

Location
Unit Letter N : 420 Feet From The South Line and 1980 Feet From The West

Line of Section 19 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 Pipe Line Corp.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1910, Midland, Texas 79701

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Phillips Petroleum Company
Address (Give address to which approved copy of this form is to be sent)
Phillips Building, Odessa, Texas 79760

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	19	18S	38E	Yes	

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

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X			X		X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	7-1-76	7105	4315
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3666 DF	San Andres	4192	4296
Perforations			**Depth Casing Shoe**
4192-4197'			7103

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	360'	360
12 1/4"	9 5/8"	3794'	500
8 3/4"	5 1/2"	3537-7103	950

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-1-76	7-3-76	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	20	14	126

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

G. W. Tullos
(Signature)

Senior Production Engineer
(Title)

7-7-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

This form is to be filed 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 operator, well name or number, or transporter, or other such change of condition.