

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
LOCATION	
DATE	
WELL NO.	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	
Comments	

SHELL OIL COMPANY

Address
P. O. BOX 991, HOUSTON, TEXAS 77001

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐Change in Transporter of:
Oil ☐
Casinghead Gas ☐Dry Gas ☐
Condensate ☐

Other (Please explain)

TO BE CONVERTED TO AN INJECTOR AT A LATER
DATE.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.
N. HOBBS (G/SA) UNIT SEC. 29	132	HOBBS (G/SA)	State, Federal <u>Lease</u>	N/A
Location				
Unit Letter	FL	Feet From The	SOUTH	Line and
1218	Feet From The	WEST		
Line of Section	29	Township	18S	Range
38E	NMPM,	LEA		County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
SHELL PIPE LINE COMPANY	P. O. BOX 1910 MIDLAND, TEXAS 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
PHILLIPS PIPE LINE	4001 PENBROOK, ODESSA, TEXAS 79762					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	L	29	18S	38E	YES	12/10/80

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 Res't.	Diff. Re
XX	XX							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
7/27/80	12/10/80	4512.54'						
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3256.6' DF, 3642.4' GR	G/SA	4071'	4437'					
Perforations			Depth Casing Shoe					
4071' - 4318'			4512.54'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	40'	40 sks Redi Mix Surface
12 1/4"	8 5/8"	1595'	535sxLite+250sxClass C
7 7/8"	5 1/2"	4512.54'	700sxLite+200sxClass C

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 of
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.)	
2/27/81	3/9/81	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	40.0		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
200	100	100	80

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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
Division 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
SUPERVISOR REGULATORY & PERMITTING
(Title)

MARCH 27, 1981

OIL CONSERVATION DIVISION

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 deep
well, this form must be accompanied by a tabulation of the devi-
l tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
wells on new 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 condi-
tion. This form must be filed for each pool in each

INCLINATION REPORT

OPERATOR Shell Oil Co. ADDRESS Box 991, Houston, Texas 77001
 LEASE NAME North Hobbs Unit 29-132 WELL NO. FIELD
 LOCATION 1623' FSL, 1218' FWL, Sec 29, T 18S, R 38E.

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
467	1/2	4.0629	4.0629
953	3/4	6.3666	10.4295
1464	1	8.9425	19.3720
1594	1	2.2750	21.6470
2069	2 1/4	18.6675	49.3145
2563	2 1/4	19.4142	59.7287
3057	2	17.2406	76.9693
3581	2	18.2876	95.2569
3870	1 1/4	6.3002	101.5571
4510	1 3/4	19.5200	121.0771

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

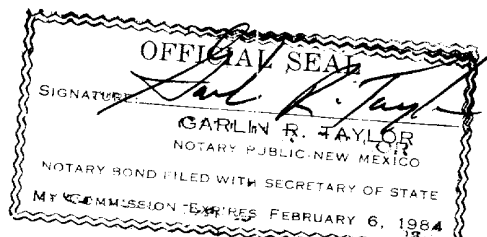
Rhonda Ford
 TITLE Rhonda Ford, Office Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared Rhonda Ford
 known to me to be the person whose name is subscribed herebelow, who, on making
 deposition, under oath states that he is acting for and in behalf of the operator
 of the well identified above, and that to the best of his knowledge and belief such
 well was not intentionally deviated from the true vertical whatsoever.

Rhonda Ford
 AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 19th day of August, 1980



SEAL

Notary Public in and for the County
 of Lea, State of New Mexico