

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PROMOTION OFFICE	

Operator SHELL WESTERN E&P INC.	
Address P. O. BOX 991, HOUSTON, TEXAS 77001	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name N. HOBBS (G/SA) UNIT SEC.29	Well No. 242	Pool Name, including Formation HOBBS (GRAYBURG/SAN ANDRES)	Kind of Lease State, Federal or Fee STATE	Lease No.
Location				
Unit Letter N	100	Feet From The SOUTH	Line and 1400	Feet From The WEST
Line of Section 29	Township 18-S	Range 38-E	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"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TEXAS 79762
If well produces oil or liquids, give location of tanks.	Unit <input checked="" type="checkbox"/> Top. Age. <input checked="" type="checkbox"/> N 29 18-S 38-E
Is gas actually connected?	When YES 3-12-84

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-16-83	Date Compl. Ready to Prod. 3-12-84	Total Depth 4370'	P.B.T.D. -----					
Elevations (DF, RKB, RT, GR, etc.) 3640.3' GL, 3650.3' DF	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 4019'	Tubing Depth 3797'					
Perforations 4019' - 4257'	Depth Casing Shoe 4368'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16" CONDUCTOR	30'	
12-1/4"	8-5/8" (24#)	1511'	500 SX LITE +250 SX C
7-7/8"	5-1/2" (14#)	4368'	250 SX C + 400 SX LITE
			+ 100 SX 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 3-10-84	Date of Test 10-24-84	Producing Method (Flow, pump, gas lift, etc.) PUMPING (SUBMERSIBLE)	
Length of Test 24 HRS	Tubing Pressure 100	Casing Pressure 40	Choke Size
Actual Prod. During Test	Oil-Bbls. 330	Water-Bbls. 1689	Gas-MCF 116

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 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 A. J. FORE
(Signature)
SUPERVISOR REG. & PERMITTING
(Title)
NOVEMBER 16, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED 10/24/84, 19
BY CRIS
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 deviated 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.
Separate Forms C-104 must be filled for each pool in multiple completed wells.