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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SHELL WESTERN E&P INC.	
Address P.O. BOX 991, HOUSTON, TX 77001	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE				
Lease Name N. HOBBS (G/SA) UNIT SEC.13	Well No. 442	Pool Name, Including Formation HOBBS (GRAYBURG/SAN ANDRES)	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter P	: 1200	Feet From The SOUTH	Line and 220	Feet From The EAST
Line of Section 13	T. 18-S	Range 37-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 GPM Gas Corporation	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 K 13 18-S 37-E	When actually connected? YES 11-2-84
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 10-12-84	Date Compl. Ready to Prod. 11-2-84
Total Depth 4370'	P.B.T.D. ----
Elevations (DF, RKB, RT, GR, etc.) 3677.4' DF; 3664.1' GL	Name of Producing Formation SAN ANDRES
Top Oil/Gas Pay 4146'	Tubing Depth 4198'
Perforations 4146' - 4244'	Depth Casing Shoe 4370'
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
17-1/2"	14" CONDUCTOR
12-1/4"	8-5/8" (24#)
7-7/8"	5-1/2" (14#)
DEPTH SET	SACKS CEMENT
40'	
1508'	390 SX 35-65 POZ
4370'	550 SX LITE + 250 SX
	HI-EARLY II

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 11-2-84	Date of Test 12-21-84
Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS	Tubing Pressure 40
Casing Pressure 40	Choke Size ----
Actual Prod. During Test	Oil-Bbls. 73
Water-Bbls. 593	Gas-MCF 107

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
(Signature)
A.J. FORE
SUPERVISOR REG. & PERMITTING
(Title)
JANUARY 4, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED *JAN 16 1985*, 19

BY *[Signature]*

TITLE DISTRICT 1 SUPERVISOR

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 owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

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JAN 11 1985

O.C.D.
HOBBS OFFICE