

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 REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

Operator SHELL WESTERN E&P INC.	
Address P.O. BOX 991, HOUSTON, TX 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. 24	Well No. 414	Pool Name, Including Formation HOBBS (GRAYBURG/SAN ANDRES)	Kind of Lease State, Federal or Fee STATE	Lease No.
Location Unit Letter <u>A</u> : <u>10</u> Feet From The <u>NORTH</u> Line and <u>1280</u> Feet From The <u>EAST</u> Line of Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> , NMPM, <u>LEA</u> 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 <u>K</u> Sec. <u>13</u> Twp. <u>18-S</u> Rge. <u>37-E</u> Is gas actually connected? <u>YES</u> When <u>10-23-84</u>

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 9-23-84	Date Compl. Ready to Prod. 10-23-84	Total Depth 4370'	P.B.T.D. ----					
Elevations (DF, R&B, RT, CR, etc.) 3679.4' DF; 3661.1' GL	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 4216'	Tubing Depth 4311'					
Perforations 4216' - 4293'	Depth Casing Shoe 4370'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13-3/8" (CONDUCTOR)	40'	
12-1/4"	8-5/8" (32, 24#)	1512'	461 SX LITE+250SX HE II
7-7/8"	5-1/2" (14#)	4370'	500 SX 65-35 POZ +
			230 SX HE 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 10-23-84	Date of Test 11-26-84	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. 115	Water-Bbls. 478	Gas-MCF 401

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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)
JANUARY 4, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 16 1985, 19____
BY ORIGINAL SIGNATURE OF DISTRICT SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviate 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.

RECEIVED

JAN 11 1985

O.C.B.
HODGINS OFFICE