

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

NO. OF WELLS REQUESTED	
DISTRIBUTION	
LAND AREA	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
N. HOBBS (G/SA) UNIT SEC 19	442	HOBBS (GRAYBURG/SAN ANDRES)	State, Federal or Fee FEE	
Location				
Unit Letter P	1100	Feet From The SOUTH Line and	380	Feet From The EAST
Line of Section 19	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"/>	Address (Give address to which approved copy of this form is to be sent)
SHELL PIPE LINE CORP.	P.O. BOX 1910, MIDLAND, TEXAS 79701
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 COMPANY	2001 PENBROOK, ODESSA, TEXAS 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
K 19 18-S 38-E	YES 11-30-84

(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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-25-84	11-30-84	4370'	----					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3653.1' GL	SAN ANDRES	4205'	4312'					
Perforations	Depth Casing Shoe							
4205' - 4283'	4370'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	13-3/8" (CONDUCTOR)	40'	
7-7/8"	8-5/8" (32, 24#)	1525'	370 SX LITE+250SX HEIL
	5-1/2" (14#)	4370'	1020 SX LITE + 300SX C

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)

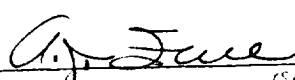
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-7-84	12-23-84	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS	40	40	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	22	245	53

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.


(Signature)
SUPERVISOR REG. & PERMITTING
(Title)
JANUARY 22, 1985
(Date)

OIL CONSERVATION DIVISION

JAN 28 1985

APPROVED _____, 19____
BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I 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 deepened 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 O-104 must be filed for each pool in multiple completion wells.

RECEIVED

JAN 25 1985

O.D.
HOBBS OFFICE