

STATE OF NEW MEXICO  
OIL AND MINERALS DEPARTMENT

Form C-104  
Revised 10-1-78

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

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DISTRIBUTION

SANTA FE

FILE

U.S.U.B.

LAND OFFICE

TRANSPORTER

OPERATOR

PROMOTION OFFICE

OIL

NATURAL GAS

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)  
New Well ☒      Change in Transporter of:  
Recompletion ☐      Oil ☐      Dry Gas ☐  
Change in Ownership ☐      Casinghead Gas ☐      Condensate ☐  
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.29

Well No.  
323

Pool Name, Including Formation  
HOBBS (GRAYBURG/SAN ANDRES)

Kind of Lease  
State, Federal or Other  
XXXXXXXXXX

Lease No.

Location  
Unit Letter  
G  
Feet From The  
2540  
Line and  
NORTH  
Feet From The  
2500  
Line  
EAST  
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 ☒ or Condensate ☐  
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 ☒ or Dry Gas ☐  
PHILLIPS PIPE LINE COMPANY GPM Gas Corporation

Address (Give address to which approved copy of this form is to be sent)  
EFFECTIVE: February 1, 1992  
4001 PENBROOK, ODESSA, TEXAS 79762

If well produces oil or liquids,  
give location of tanks.

Unit  
B

Sec.  
29

Twp.  
18-S

Rge.  
38-E

Is gas actually connected?  
YES

When  
2-23-85

If this production is commingled with that from any other lease or pool, give commingling order numbers:

COMPLETION DATA

Designate Type of Completion - (X)  
X

Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐

Date Spudded  
1-18-85

Date Compl. Ready to Prod.  
2-23-85

Total Depth  
4370'

P.B.T.D.  
4200' (RBP)

Elevations (DF, RKB, RT, GR, etc.)  
3647.5' GL

Name of Producing Formation  
GRAYBURG/SAN ANDRES

Top Oil/Gas Pay  
3989'

Tubing Depth  
4108'

Perforations  
3989' - 4095'

Depth Casing Shoe  
4369'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE  
17-1/2"  
12-1/4"  
7-7/8"

CASING & TUBING SIZE  
13-3/8" (CONDUCTOR)  
8-5/8" (24, 32#)  
5-1/2" (14#)

DEPTH SET  
40'  
1542'  
4369'

SACKS CEMENT  
375 SX LITE + 250SXHEII  
450 SX LITE + 250SX HE

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  
2-23-85

Date of Test  
3-23-85

Producing Method (Flow, pump, gas lift, etc.)  
PUMP

Length of Test  
24 HRS

Tubing Pressure  
30

Casing Pressure  
30

Choke Size  
-----

Actual Prod. During Test

Oil-Bbls.  
15

Water-Bbls.  
793

Gas-MCF  
2

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pitot, 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)  
SUPERVISOR REG. & PERMITTING  
(Title)  
APRIL 17, 1985  
(Date)

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 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.