

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.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
REGISTRATION OFFICE	

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. 32	Well No. 312	Pool Name, Including Formation HOBBS (GRAYBURG/SAN ANDRES)	Kind of Lease State, Federal or Fee	Lease No. STATE
Location Unit Letter <u>B</u> ; <u>210</u> Feet From The <u>NORTH</u> Line and <u>1400</u> Feet From The <u>EAST</u> Line of Section <u>32</u> Township <u>18-S</u> Range <u>38-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 I	32	18-S	38-E	Is well actually connected? YES	When 12-18-84

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"/>	Some Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-14-84	Date Compl. Ready to Prod. 12-18-84		Total Depth 4370'		P.B.T.D. -----			
Elevations (DF, RKB, RT, GR, etc.) 3651.3' GL	Name of Producing Formation SAN ANDRES		Top Oil/Gas Pay 4073'		Tubing Depth 3988'			
Perforations 4073' - 4236'					Depth Casing Shoe 4369'			

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" (24#)	1519'	400 SX LITE + 250SXHEI
7-7/8"	5-1/2" (14#)	4369'	100 SX LITE + 200SXHEI

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)

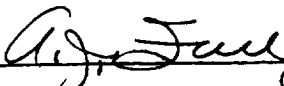
Date First New Oil Run To Tanks 12-18-84	Date of Test 12-21-84	Producing Method (Flow, pump, gas lift, etc.) PUMP - SUBMERSIBLE	
Length of Test 24 HRS	Tubing Pressure 40	Casing Pressure 40	Choke Size
Actual Prod. During Test	Oil-Bbls. 441	Water-Bbls. 365	Gas-MCF 163

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)

A. J. FORE

SUPERVISOR REG. & PERMITTING

(Title)

FEBRUARY 19, 1985

(Date)

OIL CONSERVATION DIVISION

FEB 22 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 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.

RECEIVED

FEB 21 1985

A.C.D.
HONORARY OFFICE