

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.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATION	
PERMITTING OFFICE	

Operator  
SHELL WESTERN E&P INC.

Address  
P.O. BOX 991, HOUSTON, TEXAS 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
N. HOBBS (G/SA) UNIT SEC.30	113	HOBBS (GRAYBURG/SAN ANDRES)	XXXXXXXXXX Fee	

Location

Unit Letter D : 1310 Feet From The NORTH Line and 195 Feet From The WEST

Line of Section 30 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 GPM Gas Corporation	4001 PENBROOK, ODESSA, TEXAS 79762

If well produces oil or liquids, give location of tanks. Unit EFFECTIVE: February 1, 1982 J 25 18-S 37-E Is gas actually connected? YES When 1-26-85

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.			
<u>12-27-84</u>	<u>1-26-85</u>		<u>4370'</u>		<u>-----</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>3658' GL</u>	<u>SAN ANDRES</u>		<u>4157'</u>		<u>3998'</u>			
Perforations						Depth Casing Shoe		
<u>4157' - 4285'</u>						<u>4362'</u>		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" (CONDUCTOR)	55'	
12-1/4"	8-5/8" (24, 32#)	1495'	370 SX LITE + 250 SX C
7-7/8"	5-1/2" (14#)	4362'	440 SX LITE + 550 SX
			THE 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>1-26-85</u>	<u>2-17-85</u>	<u>PUMP - SUBMERSIBLE</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 HRS</u>	<u>35</u>	<u>35</u>	<u>-----</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>302</u>	<u>618</u>	<u>148</u>

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 A. J. FORE  
(Signature)  
SUPERVISOR REG. & PERMITTING  
(Title)  
MARCH 20, 1985  
(Date)

OIL CONSERVATION DIVISION  
**MAR 27 1985**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
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 deepened well, this form must be accompanied by a tabulation of the deviated 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 completion wells.

RECEIVED

MAR 26 1985

OFFICE  
HUMAN RESOURCES