

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

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| M.A.U.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | NATURAL GAS |
| OPERATION | |
| 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)

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. 19 | Well No. 332 | Pool Name, Including Formation HOBBS (GRAYBURG/SAN ANDRES) | Kind of Lease XXXXXX Fee | Lease No. |
| Location Unit Letter J ; 1430 Feet From The SOUTH Line and 2535 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"/> 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 K | Sec. 19 | Twp. 18-S | Rge. 38-E |
| Is gas actually connected? | | When | | |
| YES | | 6-19-85 | | |

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 5-02-85 | Date Compl. Ready to Prod. 6-19-85 | | Total Depth 4370' | | P.B.T.D. ----- | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3657' GL | Name of Producing Formation SAN ANDRES | | Top Oil/Gas Pay 4064' | | Tubing Depth 4312' | | | |
| Perforations 4064' - 4105' | | | | | Depth Casing Shoe 4368' | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|-------------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17-1/2" | 13-3/8" (CONDUCTOR) | 40' | |
| 12-1/4" | 9-5/8" (36#) | 1510' | 425 SX LITE+200 SX HEII |
| 8-3/4" | 7" (20#) | 4368' | 600 SX LITE+355 SX HEII |

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 6-19-85 | Date of Test 6-22-85 | 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. 271 | Water-Bbls. 440 | Gas-MCF 154 |

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

SUPERVISOR REG. & PERMITTING

JUNE 25, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 7 1985, 19

BY ORIGINAL SIGNATURE OF DIRECTOR

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.