

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SHELL WESTERN E&P INC.	
Address P.O. BOX 576, HOUSTON, TEXAS 77001	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name N. HOBBS (G/SA) UNIT SEC.32	Well No. 423	Pool Name, Including Formation HOBBS (GRAYBURG/SAN ANDRES)	Kind of Lease State, Federal or Free XXXXXXXXXX	Lease No.
Location				
Unit Letter <u>H</u> ; <u>2540</u> Feet From The <u>NORTH</u> Line and <u>1280</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				

III. 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	Sec. 32	Twp. 18-S	Rge. 38-E	Is gas actually connected? YES	When 5-21-85

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

IV. 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 4-14-85	Date Compl. Ready to Prod. 5-21-85		Total Depth 4380'		P.B.T.D. -----			
Elevations (DF, RKB, RT, GR, etc.) 3632.8' GL	Name of Producing Formation SAN ANDRES		Top Oil/Gas Pay 4093'		Tubing Depth 4011'			
Perforations 4093' - 4235'					Depth Casing Shoe 4379'			

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#)	1508'	330 SX LITE +250 SX HE II
8-3/4"	7" (20#)	4379'	600 SX LITE +325 SX HE II

V. 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 5-21-85	Date of Test 7-16-85	Producing Method (Flow, pump, gas lift, etc.) PUMP - SUBMERSIBLE	
Length of Test 24 HRS	Tubing Pressure 30	Casing Pressure 30	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 198	Water-Bbls. 388	Gas-MCF 44

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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)  
AUGUST 2, 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.