

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

Operator SHELL WESTERN E&P INC.	
Address P.O. BOX 991, HOUSTON, TEXAS 77001	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE

Lease Name N. HOBBS (G/SA) UNIT SEC. 33	Well No. 312	Pool Name, Including Formation HOBBS (GRAYBURG/SAN ANDRES)	Kind of Lease XXXXXXXXXXXX	Lease No.
Location SURFACE LOCATION/BOTTOMHOLE LOCATION Unit Letter B ; 151/10 Feet From The NORTH Line and 1702/1330 Feet From The EAST Line of Section 33 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 GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) EFFECTIVE FROM JANUARY 1, 1992 1500 E. BROADWAY, SUITE 1000, DALLAS, TEXAS 75202					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 33	Twp. 18-S	Rge. 38-E	Is gas actually connected? YES	When 7-04-85

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 5-22-85	Date Compl. Ready to Prod. 7-04-85		Total Depth 4371' TVD; 4428' TMD		P.B.T.D. -----			
Elevations (DF, RKB, RT, GR, etc.) 3639.3' GL	Name of Producing Formation SAN ANDRES		Top Oil/Gas Pay 4128'		Tubing Depth 4013'			
Perforations 4128' - 4270'					Depth Casing Shoe 4428'			

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'	450 SX LITE+ 200 SX HE II
8-3/4"	7" (20#)	4428'	700 SX LITE+ 275 SX HE 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 7-04-85	Date of Test 7-11-85	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. 252	Water-Bbls. 130	Gas-MCF 25

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)

JULY 18, 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 24 1985, 19

BY ORIGINAL SIGNED BY JERRY TETON

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 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 completed wells.

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JUL 22 1985

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