

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF APPLICANT	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

Operator  
SHELL WESTERN E&P INC.Address  
P.O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)

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

## I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
N. HOBBS (G/SA) UNIT SEC.33	234	HOBBS (GRAYBURG/SAN ANDRES)	State, XXXXXXXX	
Location				
Unit Letter	K	Feet From The	SOUTH	Line and
	1372		2563	Feet From The
			WEST	
Line of Section	33	T. 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
	K 33 18-S 38-E
	Is gas actually connected? YES
	When 7-31-85

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
6-14-85	7-31-85		4373'		-----			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3633.0' GL	SAN ANDRES		4046'		4279'			
Perforations	Depth Casing Shoe							
4046' - 4224'	4372'							

## 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#)	1503'	450 SX LITE+ 200 SX HE II
8-3/4"	7" (20#)	4372'	800 SX LITE+ 325 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)

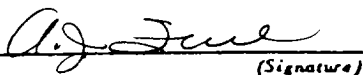
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-31-85	8-06-85	PUMP	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS	30	30	-----
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	355	298	52

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, pump, gas lift, etc.)	Tubing Pressure (lb/in. sq.)	Casing Pressure (lb/in. sq.)	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

SUPERVISOR REG. &amp; PERMITTING

(Title)

AUGUST 21, 1985

(Date)

## OIL CONSERVATION DIVISION

AUG 26 1985

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_ ORIGINAL SIGNATURE OF 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 deviate 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

RECEIVED

AUG 23 1985

O.C.D.  
HOBBS OFFICE