

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

Form C-104
Revised 10-1-78

NO. OF COPIES DESIRED	
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SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL 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 (WCK 4435)

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name N. HOBBS (G/SA) UNIT SEC.32	Well No. 343	Pool Name, including Formation HOBBS (GRAYBURG/SAN ANDRES)	Kind of Lease State, XXXXX XXXX	Lease No.
Location Unit Letter 0 : 660 Feet From The SOUTH Line and 1550 Feet From The EAST Line of Section 32 Township 18S Range 38E, NMPM, LEA County				

II. 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) 4001 PENBROOK, ODESSA, TEXAS 79762
If well produces oil or liquids, give location of tanks. Unit K 32 18S 38E	Is gas actually connected? YES When 7-01-87

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

III. 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't'v. <input type="checkbox"/> Diff. Res't'v. <input type="checkbox"/>		
Date Spudded 5-28-87	Date Compl. Ready to Prod. 7-01-87	Total Depth 4370'	P.B.T.D. 4220'
Elevations (DF, RKB, RT, GR, etc.) 3623.2' GR	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 4141'	Tubing Depth 4076'
Perforations 4141' - 4208'			Depth Casing Shoe 4370'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	14" CONDUCTOR	40'	
12-1/4"	9-5/8" (36#)	1498'	600
8-3/4"	7" (20#)	4370'	1150

IV. 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 6-18-87	Date of Test 7-06-87	Producing Method (Flow, pump, gas lift, etc.) PUMP - SUBMERSIBLE	
Length of Test 24 HRS	Tubing Pressure 45	Casing Pressure 45	Choke Size
Actual Prod. During Test	Oil-Bbls. 160	Water-Bbls. 427	Gas-MCF 12

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

SUPERVISOR REG. & PERMITTING

JULY 10, 1987

(Date)

OIL CONSERVATION DIVISION

JUL 15 1987

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
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 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 completed wells.

RECEIVED
JUL 14 1987
OCD
HOBBS OFFICE