

OIL CONSERVATION DIVISION

P. O. BOX 208H
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES PREPARED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PERMITTING 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 ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

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	412	HOBBS (GRAYBURG/SAN ANDRES)	State, Federal or Fee FEE	
Location (SURFACE LOCATION/BOTTOMHOLE LOCATION)				
Unit Letter H/A : 1973/1175 Feet From The NORTH Line and 530/850 Feet From The EAST				
Line of Section	33	T. and R. 18S	Range 38E	County LEA

II. 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 66 NATURAL GAS COMPANY GPM Gas Corporation	4001 PENBROOK, ODESSA, TEXAS 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
K 33 18S 38E	YES 7-11-87

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-10-87	7-11-87	4436' MD; 4324' TVD	4328'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3635.8' GR	SAN ANDRES	4171'	4091'					
Perforations	Depth Casing Shoe							
4171' - 4305'	4436'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	14" CONDUCTOR	55'	
12-1/4"	9-5/8" (32.3, 36#)	1542'	650
8-3/4"	7" (23#)	4436'	1250

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
7-11-87	7-13-87	PUMP - SUBMERSIBLE	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
22 HRS	45	45	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	166	1233	39

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

V. 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 15, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 20 1987

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 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.

RECEIVED

JUL 17 1967

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ACIES OFFICE