

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I.

Operator	Argee Oil Company		
Address	401 W. Texas, Suite 810 Midland, Texas 79701		
Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)	
<input type="checkbox"/> New Well	<input type="checkbox"/> Oil	To run residual oil in tank battery - commingle 175 bbls. with Hill A - Teague Blinebry. TEST ALLOWABLE	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas		
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate		

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hill A	4	Imperial Tubb Drinkard	State, Federal or Fee Fee	
Location				
Unit Letter	J	2310 Feet From The South	Line and 2310 Feet From The East	
Line of Section	27	Township 23-S	Range 37-E, NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Shell Pipeline Company	P.O. Box 3105 Houston, Texas 77253			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Co.	P.O. Box 1492 El Paso, Texas			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	K	27	23-S	37-E
				Is gas actually connected? When

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief

R. S. Guenther
(Signature)
Agent
(Title)
9-10-86
(Date)

OIL CONSERVATION DIVISION
APPROVED SEP 12 1986, 19____
BY ORIGINAL SIGNED BY JERRY DEXTON
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 multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-17-69	Date Compl. Ready to Prod. 3-25-69		Total Depth 7065			P.B.T.D. 6500			
Elevations (DF, RKB, RT, GR, etc.) 3282.9 GR	Name of Producing Formation Drinkard		Top Oil/Gas Pay			Tubing Depth 6077			
Perforations 5994-6231		6403-6489		Drinkard			Depth Casing Shoe 7065		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/2		9 5/8" - 36#		865			400		
8 7/8		7" - 20, 23, 26#		7065			650		
		2 3/8"		6077			---		

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	

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

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 O.C.S.
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