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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Shell Oil Company

Address
P. O. Box 1509, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" 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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Argo	Well No. 7	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter L ; 2310 Feet From The South Line and 990 Feet From The West				
Line of Section 15 Township 21S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

EFFECTIVE JANUARY 31, 1977,
SKELLY OIL COMPANY MERGED
INTO GETTY OIL COMPANY.

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line	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"/> Skelly Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1185, Eunice, New Mexico 88231			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 15	Twp. 21S	Rge. 37E
				Is gas actually connected? Yes When 4-4-73

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. 4-8-73		Total Depth 8193		P.B.T.D. 7865			
Elevations (DF, RKB, RT, GR, etc.) 3457 DF	Name of Producing Formation Abo		Top Oil/Gas Pay 6821		Tubing Depth 6743			
Perforations 6821 - 7169					Depth Casing Shoe 8015			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4"	13 3/8"		223'		250 sx			
11"	8 5/8"		2907'		2000 sx			
7 7/8"	5 1/2"		8015'		779 sx			

V. 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 4-8-73	Date of Test 4-8-73	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 440	Casing Pressure	Choke Size 19/64"
Actual Prod. During Test	Oil - Bbls. 250	Water - Bbls. 2	Gas - MCF 460

GAS WELL

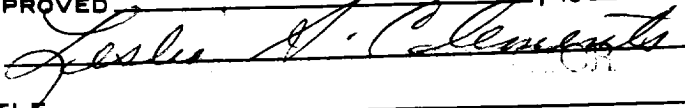
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


C. D. Pannell
(Signature)
Product Accounting Supervisor
(Title)
April 16, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 16 1973**, 19
BY 
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.

RECEIVED MAY 19 1964
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HEADQUARTERS
WASHINGTON, D.C.