

OIL CONSERVATION DIVISION

P. O. BOX 2000
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator
SHELL WESTERN E&P INC.Address
P. O. BOX 991, HOUSTON, TEXAS 77001

Reason(s) for filing (Check proper box)

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"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name ARGO "A"	Well No. 7	Pool Name, Including Formation DRINKARD	Kind of Lease State, Federal or Fee FEE	Lease No. -
Location Unit Letter E : 1880 Feet From The NORTH Line and 760 Feet From The WEST Line of Section 22 Township 21-S Range 37-E NMPM LEA County				

I. 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 CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1910, MIDLAND, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GETTY OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1137, EUNICE, NM 88241					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 22	Twp. 21-S	Rge. 37-E	Is gas actually connected? YES	When 2-15-84

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

C. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X				X
Date Spudded 10-7-50	Date Compl. Ready to Prod. 2-15-84		Total Depth 8180'		P.B.T.D. 6673'			
Elevations (DF, R&B, RT, CR, etc.) 3432' DF	Name of Producing Formation DRINKARD		Top Oil/Gas Pay 6413'		Tubing Depth 6657'			
Perforations 6413' - 6659'					Depth Casing Shoe 8080'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"	13-3/8" (48#)		226'		300 SX			
11"	8-5/8" (32#)		2913'		1700 SX			
7-7/8"	5-1/2" (15.5#, 17#)		8080'		750 SX			

D. 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)

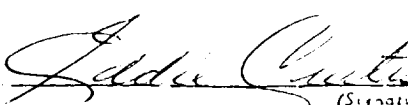
Date First New Oil Run To Tanks 2-16-84	Date of Test 3-7-84	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS.	Tubing Pressure 40	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil-Bbls. 3	Water-Bbls. 6	Gas-MCF 20

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/24MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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.


for A. J. FORE
(Signature)

A. J. FORE, SUPERVISOR REG. & PERMITTING

(Title)

MARCH 23, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 9 1984, 19BY 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 Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED
MAR 30 1984
O.C.D.
HOBBS OFFICE