

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
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"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lease Name ARGO	Well No. 6	Pool Name, including Formation HARE-SIMPSON	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>SOUTH</u> Line and <u>2310</u> Feet From The <u>WEST</u> Line of Section <u>15</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>LEA</u> 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 PIPELINE 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"/> GETTY OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1137, EUNICE, NEW MEXICO 88241	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 15
	Twp. 21	Rge. 37
	Is gas actually connected? YES When 3-28-84	

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 type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded 2-27-51	Date Compl. Ready to Prod. 3-28-84		Total Depth 7991'		P.B.T.D. 6665'			
Elevations (DF, RKB, RT, GR, etc.) 3441' DF	Name of Producing Formation HARE-SIMPSON		Top Oil/Gas Pay 7428'		Tubing Depth 7408'			
Perforations 7428' - 7589'					Depth Casing Shoe 7790'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4"	13-3/8" (32.4#)	225'	250 SX
11"	8-5/8" (32#)	3100'	2000 SX
7-7/8"	5-1/2" (15.5#, 17#)	7790'	500 SX

## 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 3-30-84	Date of Test 4-11-84	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HRS.	Tubing Pressure 40	Casing Pressure 40	Choke Size -----
Actual Prod. During Test	Oil-Bble. 65	Water-Bble. 12	Gas-MCF 224

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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

(Signature)

A. J. FORE, SUPERVISOR REG. &amp; PERMITTING

(Title)

APRIL 18, 1984

(Date)

## OIL CONSERVATION DIVISION

APR 24 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_ ORIGINAL FILED BY JESSY SEXTON

TITLE \_\_\_\_\_ DISTRICT I SUPERVISOR

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.