

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.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
SHELL OIL COMPANY

Address
P. O. BOX 991, HOUSTON, TX 77001

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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name ARGO	Well No. 8	Pool Name, Including Formation HARE SIMPSON	Kind of Lease XXXXXXX Fee	Lease No.
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Location

Unit Letter N : 660 Feet From The SOUTH Line and 2310 Feet From The WEST

Line of Section 15 Township 21-S Range 37-E , NMPM, LEA County

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 CORPORATION	P. O. BOX 1910, MIDLAND, TX 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)
GETTY OIL COMPANY	P. O. BOX 1137, EUNICE, NM 88231

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	15	21-S	37-E	YES	11-30-82

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X				X				X

Date Spudded 5-11-51	Date Compl. Ready to Prod. 11-30-82	Total Depth 8002'	P.B.T.D. 7798'
Elevations (DF, RKB, RT, GR, etc.) 3429' DF	Name of Producing Formation McKee	Top Oil/Gas Pay 7367'	Tubing Depth 7384'
Perforations 7367' to 7766'			Depth Casing Shoe 7800'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8" (32#)	226'	300 SX
11"	8-5/8" (32#)	2915'	1800 SX
7-7/8"	5-1/2" (15.5, 17#)	2666' to 7800'	850 SX

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 12-20-82	Date of Test 12-07-82	Producing Method (Flow, pump, gas lift, etc.) PUMPING
Length of Test 24 HRS	Tubing Pressure -----	Casing Pressure 30
Actual Prod. During Test	Oil-Bbls. 39	Water-Bbls. 38
		Gas-MCF 188

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

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)
SUPERVISOR REGULATORY AND PERMITTING
(Title)
JANUARY 21, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 25 1983, 19
BY EDDIE W. SEAY
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate 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.