	<u> </u>						
BTATE OF NEW MEXICO			Form C-104				
ERGY AND MINERALS DEPARTMENT	OUL CONSERVA	TION DIVISION	Revised 10-1-78				
	P. O. BO						
DILLAIDUTION		V MEXICO 87501					
	SANTA PE, NEW	, MEXICO SI					
U.S.U.A.							
LAND OFFICE	REQUEST FOR	R ALLOWABLE					
TRANSPORTER OIL AND ANTIDAL CAS							
OPERATOR	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS					
PROMATION OFFICE							
Operator							
SHELL OIL COMPANY							
Address							
P. 0. BOX 991, HOUSTON	N, TEXAS 77001	Other (Please explain)					
Reason(s) for filing (Check proper bo	Change in Transporter of:						
Recompletion (Å)	Casinghead Gas Conder	nsate					
Change in Ownership		A					
If change of ownership give name							
and address of previous owner							
I. DESCRIPTION OF WELL AND	LEASE		se Lease No.				
Lease Name	Well No. Pool Name, Including F	formation Kind of Lea	4				
ARGO	9 HARE-SIMPSON	\$ * .X:XX X **					
Location							
1 2	30 Feet From The SOUTH Lir	ne and990 Feet From	The WEST				
Unit Letter ; ;			- 1				
Line of Section 15 T	wiship 21-S Range	37-Е , ммрм,	EA County				
L DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)				
Neme of Authorized Transporter of C	11 X or Condensate						
SHELL PIPE LINE		P. O. BOX 1910, MIDLA Address (Give address to which appr	oved copy of this form is to be sent)				
Name of Authorized Transporter of C	asinghead Cas X or Dry Gas						
GETTY OIL COMPANY		P. 0. BOX 1404, HOUST	ON, TEXAS 77001				
if well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actuary commenter					
invelocation of tanks.	<u>C 22 21-S 37-E</u>		3-7-82				
i duction is commingled w	with that from any other lease or pool,	give commingling order number:					
. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v				
r	0		i y				
Designate Type of Complet		Total Depth	P.B.T.D.				
Date Spuddod	Date Compl. Ready to Prod.		7990'				
5-29-51	3-05-82	8189' Top Oil/Gas Pay	Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		7581'				
3445' DF	McKEE	7558'	Depth Casing Shoe				
Perforations							
7558' - 7925'		D STUDITING RECORD					
		D CEMENTING RECORD	SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE		250_sx				
17 1/4"	13 3/8" (32.4#)	225'	1700 sx				
]]"	8 5/8" (32#)		850 sx				
7 7/8"	5 1/2" (15.5, 17#)	8000'	OJU - 3 A				
	(liner)		il and must be equal to or exceed top allow				
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	epth or be for full 24 hours	il and must be equal to or exceed top allow				
OIL WELL		Producing Method (Flow, pump, gas	lift, etc.)				
Date First New Oil Run To Tanks	Date of Test	PUMP ING					
3-7-82	4-1-82	Casing Pressure	Choke Size				
Length of Test	Tubing Presaute		8 1/2"/74 SPM				
24 hrs.	40	Water-Bbls.	Gas-MCF				
Actual Prod. During Test	Oli-Bble.	14	180				
	15		· ·				
			·				
GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate				
Actual Prod. Tool-MCF/D	Length Dr Teet						
	Tubing Pressure (shat-in)	Cosing Pressure (Shut-in)	Choke Size				
Teeting Method (pitot, back pr.)	Tuning Process (and 1-)						
			ATION DIVISION				
CERTIFICATE OF COMPLIA	NCE						
		APPROVED APR 27 1	382 19				
I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							
		BY ORIGINAL SIGNED RY JERRY SEXTON TITLE DISTRICT I SUPR. This form is to be filed in compliance with RULE 1104.					
						This form is to be filed i	n compliance with RULE 1104.
				A. J. FORE		If this is a request for allowable for a newly drilled or despend If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation	
(Signature)			well, this form must be accompanied by with RULL 111.				
SUPERVISOR REG. & PERMITTING		All eactions of this form must be filled out completivity for and					
(Title)		able on new and recompleted wenter					
APRIL 22, 1982		Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditional in multi-					
(Date) well name or our			ust be filed for each pool in mult!				
•		Beparate Forme Concerna					