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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☒ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Argo</b>	Well No. <b>10</b>	Pool Name, including Formation <b>Drinkard</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>L</b> ; <b>1880</b> Feet From The <b>South</b> Line and <b>760</b> Feet From The <b>West</b> Line of Section <b>15</b> Township <b>21S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Shell Pipe Line Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1910, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Skelly Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1135, Eunice, New Mexico 88231</b>
If well produces oil or liquids, give location of tanks.	Unit <b>N</b> Sec. <b>15</b> Twp. <b>21</b> Rge. <b>37</b> Is gas actually connected? <b>Yes</b> When <b>5-7-73</b>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<b>X</b>		<b>X</b>		<b>X</b>		<b>X</b>
Date Spudded	Date Comp. Ready to Prod. <b>5-8-73</b>	Total Depth <b>8015</b>	P.B.T.D. <b>6530</b>					
Elevations (DE, RKB, RT, GR, etc.) <b>3453 DE</b>	Name of Producing Formation <b>Drinkard</b>	Top Oil/Gas Pay <b>6419</b>	Tubing Depth <b>6338</b>					
Perforations <b>6419-6481</b>	Depth Casing Shoe <b>8012</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <b>17 1/4"</b> <b>11"</b> <b>7 7/8"</b>	CASING & TUBING SIZE <b>13 5/8"</b> <b>8 5/8"</b> <b>5 1/2"</b>	DEPTH SET <b>241'</b> <b>2907'</b> <b>2660-8012'</b>	SACKS CEMENT <b>250</b> <b>1700</b> <b>875</b>					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D <b>1101</b>	Length of Test <b>24 Hrs.</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <b>Orifice Meter</b>	Tubing Pressure (shut-in) <b>1016</b>	Casing Pressure (shut-in)	Choke Size <b>16/64"</b>

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.

OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY John W. Ringman  
TITLE \_\_\_\_\_

C. D. Pannell  
Product. Acctg. Supervisor  
May 18, 1973  
(Date)

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.

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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Argo
9. Well No. 10
10. Field and Pool, or Wildcat Drinkard
12. County Lea

## SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Shell Oil Company
3. Address of Operator P. O. Box 1509, Midland, Texas 79701
4. Location of Well UNIT LETTER <u>L</u> <u>1880</u> FEET FROM THE <u>South</u> LINE AND <u>760</u> FEET FROM THE <u>West</u> LINE, SECTION <u>15</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3453 DF

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input type="checkbox"/>	OTHER	<input checked="" type="checkbox"/> Recomplete in Drinkard

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

5-3-73 to 5-4-73

Set cement retainer at 6530'. Pumped 150 sx cement and squeeze cemented Wantz Abo perforations. PBTD 6530'.

5-5-73 to 5-8-73

Perforated 5 1/2" casing with 1JSPF at 6419, 6420, 6439, 6451, 6459, 6469, 6481 (7 holes)  
Acidized 6419-6481 with 3000 gal 15% NEA.  
Fracture treated with 10,000 gal gelled lease crude + 1 1/2# sand/gal.  
Ran 201 jts 2 3/8" tubing hung at 6338', packer 6331-38. Placed on production.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED A.E. Cordray TITLE A.E. Cordray Staff Engineer DATE 5-18-73  
APPROVED BY John W. Runyan TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: