

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. Operator  
**Shell Oil Company - Western Division**  
Address  
**Box 1509 - Midland, Texas**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**Recompleted to Wantz-Abe from Hare**  
If change of ownership give name and address of previous owner  
**Please cancel Hare allowable**

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Argo** Well No. **10** Pool Name, Including Formation **Wantz-Abe** Kind of Lease  
State, Federal or Fee **Fee**  
Location  
Unit Letter **L** **1880** Feet From The **South** Line and **760** Feet From The **West**  
Line of Section **15** , Township **21** Range **37** , NMPM, **Lee** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Shell Pipe Line** Address (Give address to which approved copy of this form is to be sent)  
**Box 1598 - Hobbs, New Mexico**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Skelly Oil Company** Address (Give address to which approved copy of this form is to be sent)  
**Box 1135 - Eunice, New Mexico**  
If well produces oil or liquids, give location of tanks. Unit **N** Sec. **15** Twp. **21** Rge. **37** Is gas actually connected? **Yes** When **November 1, 1965**

If this production is commingled with that from any other lease or pool, give commingling order number: **PC 180**

IV. COMPLETION DATA  
Operation Started **October 27, 1965** Operation ☒ Oil Well ☒ Gas Well ☐ New Well ☐ Workover ☒ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☒  
Date Spudded **October 27, 1965** Date Compi. Ready to Prod. **November 1, 1965** Total Depth **8015'** P.B.T.D. **7600'**  
Pool **Wantz-Abe** Name of Producing Formation **Abe** Top Oil/Gas Pay **6686'** Tubing Depth **6592'**  
Perforations **6686' - 7214' (38 holes)** **TOP ABE 1.6686'** Depth Casing Shoe **8012'**  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
**17 1/4"** **13 3/8"** **241'** **250**  
**11"** **8 5/8"** **2907'** **1700**  
**7 7/8"** **5 1/2" lmr.** **8012'** **875**  
**2"** **6592'**

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 **November 1, 1965** Date of Test **November 1, 1965** Producing Method (Flow, pump, gas lift, etc.) **Flow**  
Length of Test **20 hours** Tubing Pressure **550** Casing Pressure **---** Choke Size **20/64"**  
Actual Prod. During Test **315** Oil-Bbls. **255** Water-Bbls. **60** Gas-MCF **468.2**

GAS WELL  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

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.  
**J.D. DUREN**  
(Signature)  
**Staff Exploitation Engineer**  
(Title)  
**November 2, 1965**  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
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 Sections I, II, III, and VI only 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.

Nov 3 11:41 AM '82

Dear Mr. [Name]  
[Address]  
[City, State, Zip]

Dear Mr. [Name]:

Thank you for your letter of [Date].

I am sorry that I cannot give you the information you requested. The information is not available at this time. I will be happy to provide it as soon as it is available.

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