

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Shell Western E&P Inc.	Well API No. 30-025-06607
Address P.O. Box 576 Houston, TX 77001-0576 (WCK 5237)	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name ARGO	Well No. 11	Pool Name, Including Formation UNDESIGNATED LODGE GB	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter K : 2080 Feet From The SOUTH Line and 1650 Feet From The WEST Line Section 15 Township 21S Range 37E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT ENERGY CORP.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 4666; HOUSTON, TX 77210-4666
Name of Authorized Transporter of Casinghead Gas TEXACO EX. & PROD. INC.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1137; EUNICE, NM 88231-1137
If well produces oil or liquids, give location of tanks.	Unit N Sec. 15 Twp. 21S Rge. 37E	Is gas actually connected? YES When? 11/11/93

If this production is commingled with that from any other lease or pool, give commingling order number: R-2097 (SEEKING TEMP. AUTHORIZATION)

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spudded 7/14/51	Date Compl. Ready to Prod. 11/11/93		Total Depth 7891'		P.B.T.D. 4075'			
Elevations (DF, RKB, RT, GR, etc.) 3449' DF	Name of Producing Formation GRAYBURG		Top Oil/Gas Pay 3850'		Tubing Depth 4030'			
Perforations 3850' - 3940'					Depth Casing Shoe 7890'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4 IN.	13-3/8 IN.		228'		250			
11 IN.	8-5/8 IN.		2903'		1950			
7-7/8 IN.	5-1/2 IN.		7890'		875			
		2-3/8 IN. TBG						

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 Tank 11/11/93	Date of Test 11/20/93	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 32#	Casing Pressure 30#	Choke Size NA
Actual Prod. During Test	Oil - Bbls. 68	Water - Bbls. 111	Gas- MCF 100

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

VI. OPERATOR 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.

Signature J. Marcus Winters ASSET ADMIN.
A. J. DURRANI TECH. MGR. -
Printed Name Title
12/01/93 713/544-3797
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 07 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

SAO