

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO. <u>30-025-06608</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name ARGO
8. Well No. 12
9. Pool name or Wildcat WANTZ ABO
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3444' DF

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator Shell Western E&P Inc.
3. Address of Operator P.O. Box 576 Houston, TX 77001-0576 (WCK 4435)	4. Well Location Unit Letter M : 400 Feet From The SOUTH Line and 550 Feet From The WEST Line Section 15 Township 21S Range 37E NMPM LEA County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: CHEM CU <input checked="" type="checkbox"/>

12. 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.

11-23 TO 11-27-90:

POH W/PROD EQUIP. TRTD WANTZ ABO PERFS 6990' - 7178' W/3000 GALS 15% HCL W/18
GALS EXXON CHECKERSOL + 80 BBLs 2% KCL WTR + 150 BBLs DIKLO-S + 1250# ROCK SALT.
INST PROD EQUIP & RETD WELL TO PROD.

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

SIGNATURE J. H. SMITHERMAN TITLE REGULATORY SUPV. DATE 2/04/91
TYPE OR PRINT NAME J. H. SMITHERMAN TELEPHONE NO. (713) 870-3797

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 11 1991

CONDITIONS OF APPROVAL, IF ANY:



LTR



Job separation sheet

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF SPONSORING COMPANIES	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
PRODUCTION OFFICE	

Operator

SHELL WESTERN E&P INC.

Address

P.O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)

Reason(s) for filing (Check proper box)

New Well

☐

Change in Transporter oil:

Recompletion

☒

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

III. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
ARGO	12	WANTZ ABO	XXXXXXXXXX Fee	
Location				
Unit Letter	M	400	Feet From The	SOUTH
		Line and	550	Feet From The
		WEST		
Line of Section	15	T. and Ship	21S	Range
		37E	, NMPM, LEA	
		County		

IV. 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 79702					
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)					
TEXACO PRODUCING INC.	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
	C	22	21S	37E	YES	8-18-86

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
	X					X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
12-14-51	8-16-86		8035'		7601'			
Perforations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3444' DF	WANTZ ABO		6990'		6800' (PACKER)			
Perforations					Depth Casing Shoe			
6990' - 7178'					8033' (LNR)			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8" (48#)		227'		250			
11"	8-5/8" (32#)		2882'		1900			
7-7/8"	5-1/2" LNR (15.5, 17#)		2650' - 8033'		983			

VI. 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)

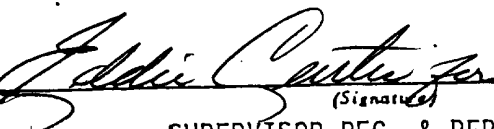
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-18-86	9-05-86	FLOWING	
Length of Test	Tubing Pressure (FLOW)	Casing Pressure	Choke Size
24 HRS	120	30	26/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	124	80	240

GAS WELL

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

I. 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 REG. & PERMITTING

(Title)

SEPTEMBER 12, 1986

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 16 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

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 deviated 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 multiple completed wells.

RECEIVED
SEP 15 1986
O.C.C.C.
HOBBS OFFICE