

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

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. Operator **Shell Oil Company**

Address **P. O. Box 576, Houston, Texas 77001**

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☒ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

Other (If necessary explain) **Reclassification from Oil to Gas Well**

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Argo A</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Tubb (Gas)</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>E</b> Section <b>1980</b> Township <b>North</b> Range <b>660</b> Feet From The <b>West</b>	Line of Section <b>22</b>	Township <b>21</b>	Range <b>37</b>	County <b>Lea</b>

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 Pipeline Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1910, Midland, Tex as 79701</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1384, Jal, New Mexico 88252</b>
If well produces oil or liquids, give location of tanks.	Unit <b>E</b> Sec. <b>22</b> Twp. <b>21</b> Rge. <b>37</b> Is gas actually connected? <b>Yes</b> When <b>10/16/74</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. <b>6-22-74</b>		Total Depth <b>6629</b>		P.B.T.D. <b>6345</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>3429 DF</b>	Name of Producing Formation <b>Tubb</b>		Top Oil/Gas Pay <b>5968</b>		Tubing Depth <b>6186</b>			
Perforations <b>5968-6280 (28 holes)</b>					Depth Casing Shoe <b>6627</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17 1/2"</b>	<b>13 3/8"</b>		<b>255'</b>		<b>200</b>			
<b>11"</b>	<b>8 5/8"</b>		<b>2913'</b>		<b>1400</b>			
<b>7 7/8"</b>	<b>5 1/2"</b>		<b>6627'</b>		<b>500</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)

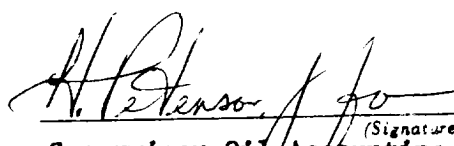
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

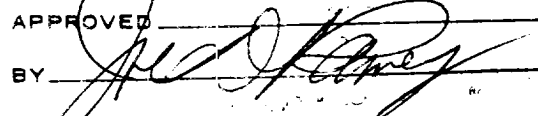
Actual Prod. Test-MCF/D <b>1,144</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate/MCF <b>25</b>	Gravity of Condensate <b>45.5</b>
Testing Method (nitro, back pr.) <b>Orifice Meter</b>	Tubing Pressure (shut-in) <b>210</b>	Casing Pressure (shut-in) <b>450</b>	Choke Size <b>32/64"</b>

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.

  
**H. J. Adams**  
(Signature)  
**Supervisor Oil Accounting**  
(Title)  
**October 16, 1974**  
(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 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