

CORRECTED REPORT

Form C-104
Revised 10-1-78STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Shell Oil Company

P. O. Box 891, Houston, TX 77001

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Argo A	Well No. 6	Pool Name, Including Formation Hare Simpson	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter C : 440 Feet From The North Line and 2200 Feet From The West Line of Section 22 Township 21 Range 37E, NMPL Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, TX 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 328, Jal, NM					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 22	Twp. 21	Rge. 37E	Is gas actually connected? Yes	When 11-05-79

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Rest. <input type="checkbox"/>	Diff. Rest. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. 11-05-79		Total Depth 7909		P.B.T.D. 7388SN			
Elevations (DF, RAB, RT, GR, etc.) DF-3428 GR-3417	Name of Producing Formation Hare Simpson		Top Oil/Gas Pay 7398		Tubing Depth 7419			
Perforations 7393-7698					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	13-3/8"	227'	300
	8-5/8"	2883'	2000
	5-1/2"	770'	500
	2-3/8"	7419'	0

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 11-05-79	Date of Test 01-17-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 40	Casing Pressure 40	Choke Size 0
Actual Prod. During Test	Oil - Bbls. 30	Water - Bbls. 0	Gas - MCF 109

GAS WELL

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

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. Ramirez

Supervisor Oil Accounting

(Title)

02-21-80

(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 20 1980, 19

BY Orig. Signed by
Les Clements

TITLE Oil & Gas Insp.

This form is to be filed in compliance with RULE 1.01.

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. One must be filed for each pool in multiple.