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

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

I. Operator Shell Oil Company
Address P. O. Box 1509, Midland, Texas 79702
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) Request testing allowable of 124 Bbls. of oil per month on the Argo A Number 6 Brunson for 90 days. Request temporary permission to commingle Argo A, Brunson in the Argo - Argo A Drinkard, Blinetry and the Wantz Abo Battery.
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
Lease Name Argo A Well No. 6 Pool Name, Including Formation Drinkard Pool, Brunson formation Kind of Lease State, Federal or Fee Fee _____ Lease No. _____
Location Unit Letter C 440 Feet From The North Line and 2200 Feet From The West
Line of Section 22 Township 21 Range 37E, NMPM, _____ County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipe Line Corp. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1910 Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Getty Oil Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 328, Jal, NM 88252
If well produces oil or liquids, give location of tanks. Unit _____ Sec. _____ Twp. _____ Rge. _____ Is gas actually connected? Yes When 6-1-79

If this production is commingled with that from any other lease or pool, give commingling order number: _____
IV. 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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. <u>4-25-79</u>		Total Depth <u>7907</u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc., <u>DF-3428</u>	Name of Producing Formation <u>Brunson</u>		Top Oil/Gas Pay		Tubing Depth <u>7862</u>			
Perforations <u>OH 7770-7907</u>					Depth Casing Shoe			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>13-3/8"</u>	<u>227'</u>	<u>300</u>
	<u>8-5/8"</u>	<u>2883'</u>	<u>2000</u>
	<u>5-1/2"</u>	<u>770'</u>	<u>500</u>
	<u>2-3/8" 8 RD</u>	<u>7862'</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)
OIL WELL
Date First New Oil Run To Tanks 6-1-79 Date of Test 6-20-79 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. 4 Water-Bbls. 4 Gas-MCF 20

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

A. Ramirez A. Ramirez
(Signature)
Supervisor Oil Accounting
(Title)

7-12-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 13 1979, 19 _____
Signed by
BY Jerry Sexton
Dist. I, Supr.

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