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TRANSPORTER	OIL GAS
OPERATOR	
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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 <b>Shell Oil Company - Western Division</b>	
Address <b>P. O. Box 1509 - Midland, Texas 79704</b>	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
<b>Recompleted from Wantz-Abo to Blinebry Oil.</b>	

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>7</b>	Pool Name, including Formation <b>Blinebry Oil</b>	Kind of Lease State, Federal or Fee <b>Fee</b>
Location Unit Letter <b>E</b> ; <b>1880</b> Feet From The <b>North</b> Line and <b>760</b> Feet From The <b>West</b> Line of Section <b>22</b> , Township <b>21-S</b> Range <b>37-E</b> , County <b>Lea</b>			

III. 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)		
<b>Shell Pipe Line Corporation</b>	<b>P.O. Box 1598 - Hobbs, New Mexico 88240</b>		
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)		
<b>Skelly Oil Company</b>	<b>P.O. Box 1137 - Runice, New Mexico 88231</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>22</b>	Twp. <b>21-S</b>
	Rge. <b>37-E</b>	Is gas actually connected? <b>Yes</b>	When <b>September 12, 1965</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-130 (March 13, 1963)**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<b>Operation Started</b>						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date <del>xxxxx</del> <b>September 8, 1965</b>	Date Compl. Ready to Prod. <b>September 12, 1965</b>	Total Depth <b>8180'</b>		P.B.T.D. <b>6700'</b>				
Pool <b>Blinebry (Oil)</b>	Name of Producing Formation <b>Blinebry</b>	Top Oil/Gas Pay <b>5836'</b>		Tubing Depth <b>5926'</b>				
Perforations <b>5836', 5848', 5858', 5871', 5879', 5891', 5903', 5919', 5933', 5942', 5951'</b>				Depth Casing Shoe <b>8080'</b>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/4"</b>	<b>13-3/8"</b>		<b>226'</b>		<b>300</b>			
<b>11 "</b>	<b>8-5/8"</b>		<b>2913'</b>		<b>1700</b>			
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>8080'</b>		<b>750</b>			
	<b>2 "</b>		<b>5926'</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 <b>September 12, 1965</b>	Date of Test <b>September 13, 1965</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>5-1/2 hours</b>	Tubing Pressure <b>440</b>	Casing Pressure <b>packer-</b>	Choke Size <b>20/64"</b>
Actual Prod. During Test <b>54 BO</b>	Oil-Bbls. <b>54</b>	Water-Bbls. <b>---</b>	Gas-MCF <b>108.8</b>

GAS WELL

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

  
**K.W. Lagrone**  
(Signature)  
**DIVISION PRODUCTION SUPERINTENDENT**  
(Title)  
**September 16, 1965**  
(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 Sections I, II, III, and VI only 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 completed wells.