

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

30-025-06740

I.

Operator SHELL WESTERN E&P INC.	Well API No.
Address P. O. BOX 576, HOUSTON, TX 77001 (WCK 4435)	
Reason(s) for Filing (Check proper box) 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 Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	
If change of operator give name and address of previous operator	

Cancel Hare Simpson allow.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Argo "A"	Well No. 8	Pool Name, including Formation Wantz Abo	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter D : 990 Feet From The North Line and 990 Feet From The West Line Section 22 Township 21S Range 37E, NMPM, Lea County				

III. 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 Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland TX 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Producing Inc.	Address (Give address to which approved copy of this form is to be sent) 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?
					Yes	10-26-88

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-09-51	Date Compl. Ready to Prod. 10-26-88	Total Depth 8188'	P.B.T.D. 7438'					
Elevations (DF, RKB, RT, GR, etc.) 3438' DF	Name of Producing Formation Wantz Abo	Top Oil/Gas Pay 6822'	Tubing Depth 7429'					
Perforations 6822' - 7202'	Depth Casing Shoe 8011'							

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4"	13-3/8" (32.4#)	226'	300
11"	8-5/8" (28.55, 32#)	2928'	1700
7-7/8"	5-1/2" (15.5, 17#)	8011'	500

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 Tank 10-26-88	Date of Test 11-09-88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 30	Casing Pressure 30	Choke Size
Actual Prod. During Test	Oil - Bbls. 3	Water - Bbls. 4	Gas - MCF 20

GAS WELL

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

VI. OPERATOR 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.

Signature  
A. J. FORE  
Printed Name  
2-20-89  
Date  
SUPERVISOR REG. & PERMITTING  
(713) 870-3797  
Telephone No.

OIL CONSERVATION DIVISION

FEB 23 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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FEB 22 1989

OLD  
MOSES OFFICE