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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

27 11/86

Operator <b>Shell Oil Company (Western Division)</b>	
Address <b>Box 1509, Midland, Texas 79701</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	<b>From: Brunson</b>
Recompletion <input checked="" type="checkbox"/>	<b>To: Drinkard</b>
Change in Ownership <input type="checkbox"/>	<b>Effective February 14, 1966</b>
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Fee
Lease Name <b>Argo A</b>		<b>8</b>	<b>Drinkard</b>	State, Federal or Fee	
Location					
Unit Letter	<b>D</b>	<b>990</b>	Feet From The	<b>north</b>	Line and
		<b>990</b>	Feet From The	<b>west</b>	
Line of Section	<b>22</b>	Township	<b>21-S</b>	Range	<b>37-E</b>
				NMPM,	<b>Lea</b>
					County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	<b>Shell Pipe Line Corp.</b>	<b>Box 1598, Hobbs, New Mexico</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	<b>Skelly Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1135, Eunice, New Mexico</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>22</b>	Twp. <b>21</b>
	Rge. <b>37</b>	Is gas actually connected?	When
		<b>Yes</b>	<b>February 14, 1966</b>

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-180**

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Designate Type of Completion - (X)		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Date Operation Began	<b>February 8, 1966</b>	Date <del>Operation Began</del> Oper. Complete	<b>February 14, 1966</b>	Total Depth	F.B.T.D.				
				<b>8188'</b>	<b>7965'</b>				
Pool	<b>Drinkard</b>	Name of Producing Formation	<b>Drinkard</b>	Top Oil/Gas Pay	Tubing Depth				
				<b>6625'</b>	<b>6535'</b>				
Perforations	<b>6625', 6628', 6630', 6632', 6634'</b>			Depth Casing Shoe		<b>8011'</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>2928'</b>		<b>1700</b>				
<b>7-7/8"</b>	<b>5-1/2"</b>		<b>8011'</b>		<b>500</b>				
	<b>2"</b>		<b>6535'</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>February 14, 1966</b>	Date of Test <b>February 14, 1966</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Flow</b>	
Length of Test <b>24</b>	Tubing Pressure <b>90</b>	Casing Pressure <b>--</b>	Choke Size <b>20/64"</b>
Actual Prod. During Test <b>23</b>	Oil-Bbls. <b>20</b>	Water-Bbls. <b>3</b>	Gas-MCF <b>not measured</b>

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

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.

Original Signed By  
**N. W. Harrison**

(Signature)

**District Exploitation Engineer**

(Title)

**February 16, 1966**

(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.