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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATION | |
| PRODUCTION OFFICE | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator
SHELL WESTERN E&P INC.

Address
P.O. BOX 576, HOUSTON, TEXAS 77001 (WCK 4435)

Reason(s) for filing (Check proper box)

| | | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | | Other (Please explain) |
| Recompletion | <input checked="" type="checkbox"/> | Oil | <input type="checkbox"/> | |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | |
| | | Dry 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

| | | | | |
|------------------------|---------------|---|--|--------------------|
| Lease Name ARGO "A" | Well No. 9 | Pool Name, including Formation PADDOCK | Kind of Lease State, Federal or Fee FEE | Lease No. |
| Location | | | | |
| Unit Letter D | : 980 | Feet From The NORTH | Line and 500 | Feet From The WEST |
| Line of Section 22 | T. 41N | Range 37E | 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| SHELL PIPE LINE CORP. | P. O. BOX 1910, MIDLAND, TX 79701 |
| 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) |
| TEXACO PRODUCING INC. | 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 12-04-87 |

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' |
| | X | | | | | X | | X |
| Date Spudded 9-09-51 | Date Compl. Ready to Prod. 12-04-87 | Total Depth 8035' | P.B.T.D. 6350' (CIBP + 4 SX) | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3429' DF | Name of Producing Formation PADDOCK | Top Oil/Gas Pay 5160' | Tubing Depth 6643' | | | | | |
| Perforations 5160' - 5348' | Depth Casing Shoe 8025' | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|---------------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17-1/4" | 13-3/8" (32.4#) | 218' | 250 |
| 11" | 8-5/8" (32#) | 2900' | 1775 |
| 7-7/8" | 5-1/2" (17#) | 2708' - 8025' | 1125 |

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 12-04-87 | Date of Test 12-29-87 | 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. 22 | Gas-MCF 30 |

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. 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. J. FORE
(Signature)
SUPERVISOR REG. & PERMITTING
(Title)
1-15-88
(Date)

OIL CONSERVATION DIVISION

JAN 19 1988

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY DEXTON
TITLE DISTRICT I SUPERVISOR

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 deviate 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 multiple completed wells.