	NEW MEXICO OIL CONSERVATION COMMIS N REQUEST FOR ALLOWABLE AND U.S.G.S. LAND OFFICE IBANSPORTED OIL IBANSPORTED OIL		Form C-104 Supersedes Old C-104 and C-110 Effoctive 1-1-65 RAL GAS	
1.	OPERATOR PRORATION OFFICE Operator			·
	SHELL WESTERN E&P INC. Address P. O. BOX 991, HOUSTON, TEXAS 77001			
-	P. O. BOX 991; HOUSTON, TEXAS 77001 eason(s) for filing (Check proper box) low Well Change in Transporter of: iecompletion XX Oil Dry Gas ihange in Ownership Casinghead Gas			
•	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND L Lease Name ARGO "A" Location	EASE Well No. Pool Name, Including Fo 9 DRINKARD	××××	f Lease Lease No.
	Unit Letter D ; 980			From The WEST
		nship 21-S Range		EA County
111.	Name of Authorized Transporter of Oil SHELL PIPE LINE CORPORA Name of Authorized Transporter of Cast	INE CORPORATION P. O. BOX 1910, MIDLAND, TEXAS 79702 ransporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)		<u>AIDLAND, TEXAS 79702</u> h approved copy of this form is to be sent;
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? YES	When 1-07-84
	If this production is commingled with that from any other lease or pool, give commingling order number: . COMFLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Sume Resty, Diff. Resty,			
	Designate Type of Completion	$n = (X)$ χ	Total Depth	X P.B.T.D.
÷	Date Spudded 9-09-51	Date Compl. Ready to Prod.	8035'	6690' Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.) 3429' DF	Name of Producing Formation DRINKARD	Top Cil/Gas Pay 6399	6643'
	Perforations 6399' to 6623'			Depth Casing Shoo 8025 '
	TUBING, CASING, AND			SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET 218'	250
	17-1/4"	8-5/8" (32#)	2900'	1775
	7-7/8"	5-1/2" Liner (17#)	2708' - 8025	
v.	7. 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 all able for this depth or be for full 24 hours)			
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			o, gas lift, etc.)	
	1-10-84 Length of Test	1-19-84 Tubing Pressure	Casing Pressure	Choke Size
	24_HRS		40 Water - Bbls.	Gas-MCF
	Actual Prod. During Test	011-ВБіз. 4	22	114
	GAS WELL			
	Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condenscie/MMCF	Gravity of Condensate .
	Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
VI	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.		OIL CONSERVATION COMMISSION FEB 2 1984 BYORIGINAL SIGNED BY JERRY SEXTON TITLEDISTRICT I SUPERVISOR	
		A. J. FORE ALWRE) ATORY & PERMITTING	This form is to be filed in compliance with RULE 1104. If this is a request for ellowable for a newly drilled or drama- woll, this form must be accompanied by a tabulation of the drama- tests taken on the woll in accordance with HULE 111. All sections of this form must be filled out completely for L?	
	(T) JANUARY	(24, 1984	All sections of this form much os infection can be apply a section of the section	
	(D	ale)	Wall name or number, or transporter, or transporter, or transporter, or	

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