

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PROMOTION OFFICE	

I. 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:	
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"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name ARGO A	Well No. 10	Pool Name, Including Formation WANTZ ABO	Kind of Lease State, Federal or Fee	FEE	Lease N
Location					
Unit Letter C : 660 Feet From The NORTH Line and 1660 Feet From The WEST					
Line of Section 22 Township 21-S Range 37-E, NMFM, 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, HOUSTON, 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
	C 22 21S 37E YES 10-31-86

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	Some Res'v.	Diff. Res
	X			X				X
Date Spudded 9-29-51	Date Compl. Ready to Prod. 10-31-86	Total Depth 8130'			P.B.T.D. 7460'			
Interventions (DF, RKB, RT, GR, etc.) 3437' DF	Name of Producing Formation WANTZ ABO	Top Oil/Gas Pay 7037'			Tubing Depth 7104'			
Perforations 7037' - 7250'					Depth Casing Shoe 8058'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
17-1/4"	13-3/8" (48#)	216'			250 SX REG			
11"	8-5/8" (32#)	2874'			1200 SX 4% + 700 SX REG			
7-7/8"	5-1/2" (15.5, 17#)	8058'			500 SX 4% + 70 SX STRATA-CRETE + 300 SX NEAT			

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)

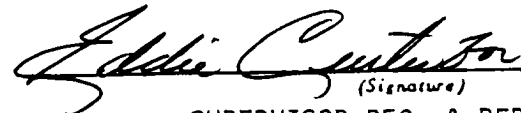
Date First New Oil Run To Tanks 10-31-86	Date of Test 11-13-86	Producing Method (Flow, pump, gas lift, etc.) PUMP	
Length of Test 24 HRS	Tubing Pressure 30	Casing Pressure 30	Choke Size
Actual Prod. During Test	Oil-Bbls. 11	Water-Bbls. 11	Gas-MCF 128

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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)  
NOVEMBER 19, 1986  
(Date)

OIL CONSERVATION DIVISION  
APPROVED NOV 25 1986, 19  
BY ORIGINAL SIGNED BY JEFFREY SEXTON  
DISTRICT SUPERVISOR  
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 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.