

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
SHELL OIL COMPANY
Address
P. O. BOX 991, HOUSTON, TEXAS 77001
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
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. 11	Pool Name, Including Formation TUBB OIL AND GAS	Kind of Lease XXXXXXXXXX Fee	Lease No.
Location Unit Letter F ; 1650 Feet From The NORTH Line and 1650 Feet From The WEST Line of Section 22 Township 21-S Range 37-E , 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	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1910, MIDLAND, TEXAS 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GETTY OIL COMPANY	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1404, HOUSTON, TEXAS 77001					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 22	Twp. 21-S	Rge. 37-E	Is gas actually connected? YES	When MARCH 22, 1982

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'
11-16-51		2-11-82	8005'	7800'					
Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3431' DF		TUBB	5960'	5908'					
Perforations 5960-6313		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/4"	13 3/8" (48#)		225'		250 sx				
11"	8 5/8" (32#)		2903'		1900 sx				
7 7/8"	5 1/2" (17#, 15.5#)		3651' - 7843'		800 sx				
		(Liner)							

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)

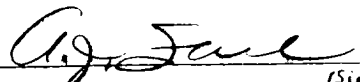
Date First New Oil Run To Tanks 3-22-82	Date of Test 3-30-82	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 hrs	Tubing Pressure 60	Casing Pressure -----	Choke Size 32/64"
Actual Prod. During Test	Oil-Bbls. 4	Water-Bbls. 2	Gas-MCF 150

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.


(Signature) **A. J. FORE**
SUPERVISOR REGULATORY AND PERMITTING
(Title)
APRIL 22, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 27 1982**, 19
BY **ORIGINAL SIGNED BY**
MERRY SEXTON
TITLE **DISTRICT SUPER.**
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.