

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

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator  
Shell Oil Company (Western Division)

Address  
P. O. Box 1509, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: Recompleted from Brunson to Paddock

Recompletion ☒ Oil ☐ Dry Gas ☐ Please cancel Brunson allowable

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Argo A	Well No. Pool Name, Including Formation 11 Paddock	Kind of Lease State, Federal or Fee Fee
Location Unit Letter F ; 1650 Feet From The north Line and 1650 Feet From The west		
Line of Section 22 , Township 21S Range 37E , NMPV, 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 Corporation	P. O. Box 1598, Hobbs, New Mexico 88240
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)
Skelly Oil Company	P. O. Box 1135, Eunice, New Mexico 88231
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
F 22 21S 37E no	vented

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 <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>
Date <del>Started</del> Operation Began June 13, 1966	Date Compl. Ready to Prod. June 25, 1966
Pool Paddock	Name of Producing Formation Paddock
Perforations 5280', 5287', 5297', 5305', 5310', 5315'	Total Depth 8005'
	Top Oil <del>Gas</del> Pay 5280'
	Tubing Depth 5401'
	Depth Casing Shoe 7843'
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
17 1/4"	13 3/8"
11"	8 5/8"
7 7/8"	5 1/2" Liner
	2 1/2"
	DEPTH SET
	225'
	2903'
	7843'
	5401'
	SACKS CEMENT
	250
	1900
	870

V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks June 25, 1966	Date of Test June 25, 1966	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -
Actual Prod. During Test 32 BOPD + 320 BWPD	Oil-Bbls. 32	Water-Bbls. 320
		Gas-MCF 26

Gravity 37.3 deg. API

GAS WELL

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

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.

N. L. Tomberlin N. L. Tomberlin  
(Signature)  
Acting Division Production Superintendent

June 29, 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.