			
NO. OF COPIES REC	EIVED	i	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF			

				
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DISTRIBUTION	NEW MEXICO OIL	Form C-104		
SANTA FE	REQUEST	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
FILE				
U.S.G.S.	_ AUTHORIZATION TO TRA			
IRANSPORTER OIL				
GAS OPERATOR				•
PRORATION OFFICE				
Operator Shell Oil Company	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Address				
P. O. Box 1509, M. Reason(s) for filing (Check proper bo.		1011 (0)		
New Well	Change in Transporter of:	Other (Please expl	zin)	
Recompletion X	Oil Dry Go			
Change in Ownership	Casinghead Gas Conde	<u> </u>		
If change of ownership give name				
DESCRIPTION OF WELL AND	I FASE			
Lease Name	Well No. Pool Name, Including F		of Lease	Lease No.
Argo A Location	12 Drinkard	State	e, Federal or Fee	Fee
Unit Letter; 2310	Feet From The North Lin	ne andFe	et From The	lest
Ente of Section 22	ewnship 215 Range	37E , NMPM,	Le EFFEC SKELL	Y OIL COMPANY MERC
DESIGNATION OF TRANSPOR Name of Authorized Transporter of Ci	TER OF OIL AND NATURAL GA	Address (Give address to whi	INTO ch approved copy	CETTY OH COMPANY MERO
Shell Pipe Line Corp. Name of Authorized Transporter of Co	singhead Gas or Dry Gas	P. O. Box 1910, M Address (Give address to whi	idland, Te	cas _79701
Skelly 011 Company	isinghedd Gds or Dry Gds	P. O. Box 1135, E		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	110/120 00251
give location of tanks.	E 22 21S 37E	Yes	9/	20/73
f this production is commingled with COMPLETION DATA	ith that from any other lease or pool,	give commingling order numb	oer:	
Designate Type of Completi	on - (X) Oil Well Gas Well		epen Plug B	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.	D.
	92273	8181		6715
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing	Depth
431 DF	Drinkard	6384		6726
Perforations			Depth	Casiny once
6384-6502 (12holes)				8088
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
17 1/2	13 3/ 8	2191		250 ex
11 '	8 5/81	3150 '		2000 sx
7 7/8	5 1/2	8088		865 sx
TEST DATA AND REQUEST F	OP ALLOWARIE (Test Tiet has	fragranging of total values of	load oil and must	be equal to or exceed top allow-
OIL WELL		pth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pum)	p, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke	Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - M	CF
GAS WELL	Length of Test	Bbls. Condensate/MMCF	1 2 2	of Condensate
Actual Prod. Test-MCF/D 1273	24 hrd	BDIS. Condensate/MMCF	Gravity	Or Couraments
Testing Method (pitot, back pr.) Orifice meter	Tubing Pressure (shut-in) 520	Casing Pressure (Shut-in)	Choke	
CERTIFICATE OF COMPLIAN	·	OIL CONS	SERVATION	24/64 COMMISSION
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.				177
		APPROVED	1 1	, 19
		BY	1.	
			· 1/ 1/-	
		TITLE		
14 -	, r	This form is to be fi	led in complian	ce with RULE 1104.
C. D. Young	for M. E. Howorth	If this is a request for	or allowable for	a newly drilled or deepened
E. J. Young (Sign	fer 1 M. E. Howorth	This form is to be fi	or allowable for	a newly drilled or dee

E. H. Yo	una		М.	E.	Howorth
Product Acetg.	/ (Si	enature)			
		Title)			
October 5, 1973	·-				

(Date)

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 multiply