

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator SHELL OIL COMPANY	
Address P. O. BOX 991, HOUSTON, TEXAS 77001	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

Lease Name ARGO		Well No. 7	Pool Name, including Formation DRINKARD	Kind of Lease XXXXXX Fee	Lease No.
Location					
Unit Letter	L	: 2310	Feet From The	SOUTH	Line and 990
Line of Section	15	Township	21-S	Range	37-E, NMPM, LEA
					County

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 1910, MIDLAND, TEXAS 79702				
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)				
GETTY OIL COMPANY		P. O. BOX 1137, EUNICE, NEW MEXICO 88241				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 15	Twp. 21-S	Rge. 37-E	Is gas actually connected? YES	When 9-26-83

If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 4-13-51		Date Compl. Ready to Prod. 9-26-83		Total Depth 8193'		P.B.T.D. 6665'			
Elevations (DF, RKB, RT, GR, etc.) 3457' DF		Name of Producing Formation DRINKARD		Top Oil/Gas Pay 6420'		Tubing Depth 6650'			
Perforations 6420' to 6636'						Depth Casing Shoe 8018'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/4"	13-3/8" (32.4#)		223'		250				
11"	8-5/8" (32#)		2907'		2000				
7-7/8"	5-1/2" (17#, 15# LNR.)		2655'-8015'		779				

Date First New Oil Run To Tanks 10-01-83		Date of Test 10-10-83		Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 hrs		Tubing Pressure ----		Casing Pressure 40	
Actual Prod. During Test		Oil-Bbls. 22		Water-Bbls. 9	
				Gas-MCF 310	

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

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 A. J. FORE
(Signature)
SUPERVISOR REGULATORY AND PERMITTING
(Title)
OCTOBER 19, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 21 1983, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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 filled for each pool in multiple completed wells.