STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(***** ***			
DISTRIBUTE	3 4		
SAMTA FE			
FILE			
U.3.G.A.			
LANG OFFICE			
TRANSPORTER	OIL		
	GAS	Ι	
OPERATOR			
PROBATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiple completed wells.

REQUEST FOR ALLOWABLE

AUTHORIZATION TO TRANSPO	ORT OIL AND NATURAL GAS			
I.				
Operator NUCCEPAL FOR THE				
SHELL WESTERN E&P INC.				
P 0 BOX 576 HOUSTON, TX 77001 (WCK 4435)				
1 O DON O'CO INCOMENTAL CONTRACTOR OF THE CONTRA	Other (Please explain)			
Descents in tiling ((heek proper goz)				
New Well Change in Transporter of:	The Argo well #2 in the Blinebry			
Recompletion Oil Dry Gas pool.				
Change in Ownership Castnghead Gas Con	Unitization R-8540			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE	rmation Kind of Lease Lease No.			
Lease Name	INEBRY-TUBB- State, Federal or Fee Fee			
NORTHEAST DRINKARD UNIT 701 DRINKARD OT & GAS State, Federal of Fed				
Unit Letter L 1980 Feet From The South Line and 660 Feet From The West				
	37F NMPM LEA County			
Line of Section 15 Township 21S Range	37E , NMPM, LEA County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of City Vy or Condensate				
Shell liberine our porture of the form of				
Name of Authorized Transporter of Casinghead Gas VV or Dry Gas				
Texaco Troducting The				
If well produces oil or liquids. Unit Sec. Twp. Rge.	1 1 7 6			
give location of tanks.	163			
If this production is commingled with that from any other lease or pool, give commingling order number:				
NOTE: Complete Parts IV and V on reverse side if necessary.				
OF COMPLIANCE	OIL CONSERVATION DIVISION			
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 is true and complete to the best of my knowledge and belief. APPROVED APPROVED APPROVED BY				
				TITLE DISTRICT 1 SUPERVISOR
				This form is to be filed in compliance with MULE 1104.
a. J. Jule A. J. FORE				
weit this form must be accompanied by a tabulation of the devi				
(Signature)	tests taken on the well in accordance with RULE 111.			
SUPERVISOR REGULATORY & PERMITTING	All sections of this form must be filled out completely for allo			
(Title) able on naw and recompleted wells.				
DEC 1 1987	Fill out only Sections I. II. III. and VI for changes of owne well name or number, or transporter, or other such change of condition			
(Date)	4			

(Date)

DEC 1 1081