

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 DESIRED | |
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| SANTA FE | |
| FILE | |
| U.S.G.A. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | NAT |
| OPERATOR | |
| PRODUCTION OFFICE | |

| | |
|--|--|
| Operator SHELL WESTERN E&P INC. | |
| 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: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Recompletion <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | |

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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|-----------|
| Lease Name ARGO "A" | Well No. 1 | Pool Name, Including Formation TUBB OIL & GAS | Kind of Lease State, Federal or Fee FEE | Lease No. |
| Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line of Section <u>22</u> Township <u>21-S</u> Range <u>37-E</u> , NMPM, <u>LEA</u> County | | | | |

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 CORP. | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1910, HOUSTON, TEXAS 79701 |
| 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 1137, EUNICE, NM 88231 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. C 22 21-S 37-E |
| Is gas actually connected? | When YES 11-7-84 |

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

DHC-544

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 checked="" type="checkbox"/> Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/> |
| Date Spudded 8-21-47 | Date Compl. Ready to Prod. 11-7-84 | Total Depth 6636' | P.B.T.D. 6460' |
| Elevations (DF, RKB, RT, GR, etc.) 3434' DF | Name of Producing Formation TUBB | Top Oil/Gas Pay 5487' | Tubing Depth 6260' |
| Perforations 5988' - 6236' | | | Depth Casing Shoe 6635' |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|---------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17-1/4" | 13-3/8" (32.4#) | 222' | 250 SX COMMON |
| 11" | 8-5/8" (32.4#) | 1233' | 600 SX COMMON |
| 7-7/8" | 5-1/2" (15.5#) | 6635' | 800 SX COMMON |

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 11-7-84 | Date of Test 11-20-84 | Producing Method (Flow, pump, gas lift, etc.) PUMPING | |
| Length of Test 24 HRS | Tubing Pressure 30 | Casing Pressure 30 | Choke Size |
| Actual Prod. During Test | Oil-Bbls. 4 | Water-Bbls. 2 | Gas-MCF 140 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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
SUPERVISOR REG. & PERMITTING
(Title)
FEBRUARY 14, 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED

FEB 18 1985

BY

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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 filed for each pool in multiple completed wells.

RECEIVED

FEB 18 1985

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