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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OBERATOR		

II.

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IV.

NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form Callod
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1		
FILE	KEQUEST I	AND	Effective 1-1-65
U.S.G.S.	ALITHODIZATION TO TOA		Loas
	AUTHORIZATION TO TRA	NSPORT OIL AND NATURA	AL GAS
LAND OFFICE		· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TRANSPORTER GAS	\dashv		
OPERATOR			
PRORATION OFFICE			
Operator ARGUS PRODUC	TION COMPANY		
Address			
•	c National Bank Tower, Dall		
Reason(s) for filing (Check proper		Other (Please explain)	
New Well	Change in Transporter of:	<u> </u>	
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Conden		
if change of ownership give nam and address of previous owner _	Paul P. Scott, Dallas.		lles, Trustee under will of
DESCRIPTION OF WELL AN Lease Name	Well No. Pool Name, Including Fo	ormation Kind of I	_ease Lease No.
E. C. Nosley		Rivers Tansili State, Fe	· · · · · · · · · · · · · · · · · · ·
Location			
# 6	660 South	a grad 1980 Feet F	rom The East
Unit Letter;;	Feet From The Line	e andFeet F	rom The
Line of Section 10	Township 24 \$ Range	36 E , NMPM,	Les County
Line of Section	Township - Trange	7 11101 1117	
DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which a	approved copy of this form is to be sent)
Shell Pipe Line Cor	peration	Box 2648, Houston	. Texas
Name of Authorized Transporter of		Address (Give address to which a	approved copy of this form is to be sent)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		į	•
	Unit Sec. Twp. Rge.	Is gas actually connected?	When
If well produces oil or liquids,	P 10 245 36E		
give location of tanks.		4	<u> </u>
If this production is commingled	i with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	n Plug Back Same Res'v. Diff. Res'v
Designate Type of Compl		New Well Workover Beeper	in Fring Back Same new vi bitti new v
			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B. 1.D.
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load opth or be for full 24 hours)	d oil and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks		Producing Method (Flow, pump, a	gas lift, etc.)
Date First New Oil Wall to I diles	Date of Tool	, , , , , , , , , , , , , , , , , , , ,	
and a different	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	I drind Ligonma		
	Oil-Bbls.	Water - Bbls.	Gas - MCF
Actual Prod. During Test	OII - BBIB.		
			1
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length Of Teat		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
- amining the control of the control	(3		
CENTIFICATE OF COURT	IANCE	OIL CONSE	RVATION COMMISSION
CERTIFICATE OF COMPL	IMNUE	0.2 00.102	**
		1	, 19
I hereby certify that the rules	and regulations of the Oil Conservation ed with and that the information given	11	
above is true and complete to	the best of my knowledge and belief.	BY	
	- -		
		H	
~ le	71 × 1 / 1	This form is to be file	d in compliance with RULE 1104.

DXW elder
(Signature)
President
January 19, 1968

(Date)

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 multiply completed wells.

Yasa Cantova

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