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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-
Effective 1-1-65

Operator ARGEE OIL COMPANY		
Address 215 Mid-America Bldg., Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	Change of Operator
Recompletion ☐	Continued Gas ☐ Condensate ☐	Well T/A
Change in Ownership ☒		

If change of ownership give name and address of previous owner: Imperial American Management Company
215 Mid-America Bldg., Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hill "B"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Teague Simpson</u>	Kind of Lease State, Federal or Free <u>Free</u>	Lease <u>Fee</u>
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u> Line of Section <u>27</u> Township <u>23S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)			
<u>Shell Pipe Line Co.</u>	<u>Houston, Texas</u>			
Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)			
<u>El Paso Natural Gas</u>	<u>Box 1492, El Paso, Texas</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>27</u>	Twp. <u>23S</u>	Range <u>37E</u>
				No gas actually connected? <u>No</u> When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well ☐	Gas Well ☐	New Well ☐	Workover ☐	Deepen ☐	Plug back ☐	Same as Prev. ☐	Perf. H.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.S.F.D.		
Elevations (DF, R&E, 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

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of oil well)

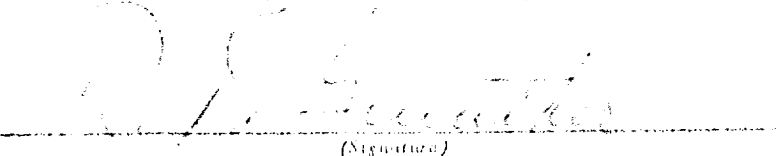
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)

President

(Date)

7/17/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a new or deep well, this form must be accompanied by a calculation of the water table on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleting wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

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STATE OF NEW YORK