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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-105
Effective 1-1-65

1. **Operator**
ARGEER OIL COMPANY

Address
215 Mid-America Bldg., Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:
Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

Change of Operator
Well T/A

If change of ownership give name
and address of previous owner

Imperial American Management Co.
215 Mid-America Bldg., Midland, Texas 79701

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name Hill "A"	Well No. 3	Pool Name, including Formation Imperial Tubbs Drinkard	Kind of Lease State, Federal or Fee	Fee
Location Unit Letter O : 660 Feet From The South Line and 1980 Feet From The East				
Line of Section 27 Township 23S Range 37E NMM, Lea Cont.				

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Houston, Texas					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, Houston, Texas					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 23S	Rge. 37E	Is gas actually connected? No	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 Reaty.	PH.T.D.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., R.R.B., 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 OIL WELL**

(Test must be after recovery of total volume of load oil and must be equal to or exceed top of well for this depth or be for full 24 hours)

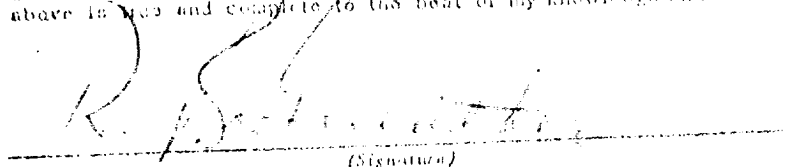
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate-MCF	Gravity of Condensate
Testing Method (Flow, back prod)	Tubing Pressure (psig-in)	Casing Pressure (psig-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

(Title)

7/17/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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Orig. Signed by

Jerry Sexton

TITLE Dist. L. Sec.

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a calculation of the volume of gas taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for all wells, even if not recompleting.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.