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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-100
Superseding Old C-100 and C-101
Effective 1-1-65

1. 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:	Change of Operator
Recompletion ☐	Oil ☐	Well T/A
Change in Ownership ☒	Casinghead Gas ☐	Completed as SWD, not used
	Dry Gas ☐	
	Condensate ☐	

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. 1	Pool Name, including Formation SWD-San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter 0 : 990 Feet From The South Line and 2310 Feet From The East				
Line of Section 27 Township 23S Range 37E, N.M.P.M., Lea 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)			
None				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)			
None				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		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 ☐	Some Restr. Fill. Etc. ☐
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RAB, 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

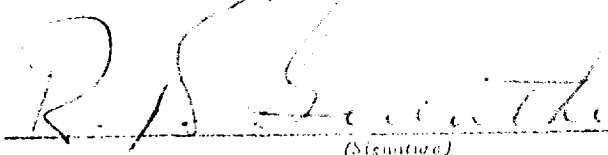
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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 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)

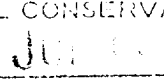
President

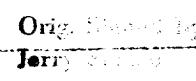
(Title)

7/17/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED  19

BY 
Orig. Signed by
Jerry S. Smith

TITLE Dist. 1, Santa

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 calculation of the average length taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of operator, well name or pool, or transporter, or other such change of readily