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 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator ARCO OIL AND GAS COMPANY	Well API No. 30-025-23632
Address P.O. 1710 HOBBS N.M. 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. R. PHILLIPS A	Well No. 9	Pool Name, Including Formation EUMONT YATES 7 RQ	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. FE
Location Unit Letter <u>M</u> : <u>880</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>31</u> Township <u>19S</u> Range <u>37E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
WARREN PETROLEUM CO.	BOX 1589 TULSA, OK 74102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When?
					YES 6-21-93

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 Res'v	Diff Res'v
		X				X		X
Date Spudded 3-30-93	Date Compl. Ready to Prod. 6-21-93		Total Depth 9650			P.B.T.D. 2930		
Elevations (DF, RKB, RT, GR, etc.) 3586 DF	Name of Producing Formation EUMONT YATES 7RQ		Top Oil/Gas Pay 2418			Tubing Depth 2875		
Perforations 2418-2837 W/35 .40" SHOTS						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
	13 3/8		560			550 SURE		
	9 5/8		3645			1500 SURE		
	5 1/2		9650			1440 7 600 SURE		

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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	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 6-24-93

Actual Prod. Test - MCF/D 726	Length of Test 24HRS.	Bbls. Condensate/MMCF -0-	Gravity of Condensate ---
Testing Method (pilot, back pr.) SALES LINE	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature James Cogburn
 Printed Name James Cogburn Operation Coordinator
 Title
 Date 7-12-93 Telephone No. 391-1621

OIL CONSERVATION DIVISION
JUL 13 1993

Date Approved _____

By ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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