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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

I. Operator
Operator ARCO Oil & Gas Company
Division of Atlantic Richfield Company
Address
P. O. Box 1710, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well Change In Transporter of:
Recompletion Oil Dry Gas
Change In Ownership Casinghead Gas Condensate
Other (Please explain): GAS BEING NOT IN PRODUCTION 5/1/81
WELL IN EXCEPTION TO RULE 111 OBTAINED FROM N.M.S.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name R. S. Crosby "A"	Well No. 3	Pool Name, including Formation Langlie Mattix 7R Qn	Kind of Lease State, Federal or Fee Federal	Lease No. LC 034117a
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>25S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Western Crude Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1744, Eunice, N M 88231			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384, Jal, N M 88252			
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 28	Twp. 25S	Rge. 37E
Is gas actually connected? No		When To be connected when permanent battery is installed		

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12/08/80	Date Compl. Ready to Prod. 2/23/81		Total Depth 3400'		P.B.T.D. 3332'			
Elevations (DF, RKB, RT, CR, etc.) 3023.6' GR	Name of Producing Formation 7 Rivers Queen		Top Oil/Gas Pay 3026'		Tubing Depth 3007'			
Perforations 3026-3197' 3244-3297'					Depth Casing Shoe 3400'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9-5/8" OD		1103'		550			
8-3/4"	7" OD		3400'		1350			
	2-7/8" OD		3007'					

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 Tanks 1/01/81	Date of Test 3/18/81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hr	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 166 Bbls	Oil-Bbls. 46	Water-Bbls. 120	Gas-MCF 108

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

George W. Schmidt
(Signature)
Dist. Drlg. Supt.
(Title)
3/26/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED 2/19/81, 19____
BY [Signature]
TITLE SUPERVISOR DISTRICT

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 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