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| DISTRIBUTION | | | |
| SANTA FE | | 1 | |
| FILE | | 1 | ✓ |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | 1 | |
| | GAS | | |
| OPERATOR | | 2 | |
| 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
RECEIVED

MAR 4 1971

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I. Operator **ARWOOD, LTD.** ✓

Address **P.O. Box 20200, Dallas, Texas 75220**

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)

If change of ownership give name and address of previous owner **Stallworth Oil and Gas, 407 West Missouri Avenue, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------|----------------------|--|--|----------------------------|
| Lease Name Robinson | Well No. 7 | Pool Name, including Formation Grayburg Jackson G-6-5A | Kind of Lease State, Federal or Fee Federal LC | Lease No. 029492 |
| Location | | | | |
| Unit Letter M | 660 | Feet From The South Line and | 660 | Feet From The West |
| Line of Section 25 | Township 16 | Range 31 | , NMPM, Eddy 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"/> Navajo Refining Co., Pipe Line Div. | Address (Give address to which approved copy of this form is to be sent) No. Freeman Ave., Artesia, N. M. 88210 | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None | Address (Give address to which approved copy of this form is to be sent) | | | |
| If well produces oil or liquids, give location of tanks. | Unit N | Sec. 25 | Twp. 16S | Rge. 31E |
| 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 | Same Res'v. | Diff. Res'v. |
|--------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| | | | | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, 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 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/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.
ARWOOD, LTD.

Frazier Arwood
Frazier Arwood (Signature) Gen. Partner

(Title)

Feb. 1, 1971

(Date)

OIL CONSERVATION COMMISSION

MAR 4 1971

APPROVED _____, 19

BY *W.A. Gressett*

TITLE **OIL AND GAS INSPECTOR**

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 completed wells.