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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

JAN 7 1982

O. C. D.

ARTESIA, OFFICE

I. Operator ARCO Oil and Gas Company
Division of Atlantic Richfield Company /

Address
P.O. Box 1710, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: From: Gas Company of New Mexico

Recompletion Oil Dry Gas To: Southern Union Gathering Company

Change in Ownership Casinghead Gas Condensate Eff: 12/1/81

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State BR Com.</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Avalon Morrow Gas</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>K-4334</u>
Location <u>Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West</u>				
<u>Line of Section 16 Township 21S Range 26E, NMPM, Eddy County</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>The Permian Corporation</u>	<u>P.O. Box 1183, Houston, TX 77001</u>			
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)			
<u>El Paso Natural Gas Co.</u>	<u>P.O. Box 1384, Jal, N.M. 88252</u>			
<u>Southern Union Gathering Co.</u>	<u>1st International Bldg., Suite 1800, Dallas, TX</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>16</u>	Twp. <u>21S</u>	Rge. <u>26E</u>
	Is gas actually connected? When		<u>EPNG - 12-1-75 75270</u> <u>SUGC - 12/14/75</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<u>(X)</u>								
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.)	
		<u>Post test flow 1-15-82</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>1/2" to 5/8"</u>
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.

R. L. Mackelford
(Signature)

Engrg. Tech. Spec.

(Title)

1/5/82

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 11 1982, 19__

BY W. A. Gressett
SUPERVISOR, DISTRICT II

TITLE _____

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.

OIL CONSERVATION DIVISION

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-132
Revised 7-15-80

APPLICATION FOR WELLHEAD
PRICE CEILING CATEGORY DETERMINATION

1. FOR DIVISION USE ONLY:

DATE COMPLETE APPLICATION FILED _____

DATE DETERMINATION MADE _____

WAS APPLICATION CONTESTED? YES _____ NO _____

NAME(S) OF INTERVENOR(S), IF ANY: _____

RECEIVED
NOV 23 1981
O. C. D.

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. K-4334
7. Unit Agreement Name
8. Farm or Lease Name State BR Co.
9. Well No. 1
10. Field and Pool, or Wildcat Avalon (Morrow)
12. County

2. Name of Operator
ARCO Oil and Gas Company
A Division of Atlantic Richfield Company

3. Address of Operator
P. O. Box 2819 (FUT 1254)
Dallas, Texas 75221

4. Location of Well
UNIT LETTER K LOCATED 1980 FEET FROM THE South LINE
AND 1980 FEET FROM THE West LINE OF SEC. 16 TWP. 21S RGE. 26E

11. Name and Address of Purchaser(s)
Gas Company of New Mexico, First International Bldg., Suite 1800, Dallas, Texas 75270

WELL CATEGORY INFORMATION

Check appropriate box for category sought and information submitted.

- Category(ies) Sought (By NGPA Section No.) 108
- All Applications must contain:
 - a. C-101 APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK
 - b. C-105 WELL COMPLETION OR RECOMPLETION REPORT
 - c. DIRECTIONAL DRILLING SURVEY, IF REQUIRED UNDER RULE 111
 - d. AFFIDAVITS OF MAILING OR DELIVERY
- In addition to the above, all applications must contain the items required by the applicable rule of the Division's "Special Rules for Applications For Wellhead Price Ceiling Category Determinations" as follows:
 - A. NEW NATURAL GAS UNDER SEC. 102(c)(1)(B) (using 2.5 Mile or 1000 Feet Deeper Test)
 - All items required by Rule 14(1) and/or Rule 14(2)
 - B. NEW NATURAL GAS UNDER SEC. 102(c)(1)(C) (new onshore reservoir)
 - All items required by Rule 15
 - C. NEW ONSHORE PRODUCTION WELL
 - All items required by Rule 16A or Rule 16B
 - D. DEEP, HIGH-COST NATURAL GAS and TIGHT FORMATION NATURAL GAS
 - All items required by Rule 17(1) or Rule 17(2)
 - E. STRIPPER WELL NATURAL GAS
 - All items required by Rule 18

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED
HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

R. M. Anderson
NAME OF APPLICANT (Type or Print)
R. M. Anderson
SIGNATURE OF APPLICANT

Title Supervisor, Gas Regulations
Date November 19, 1981

FOR DIVISION USE ONLY

Approved
 Disapproved

The information contained herein includes all of the information required to be filed by the applicant under Subpart B of Part 274 of the FERC regulations.

EXAMINER _____

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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

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MAR 22 1979

O.C.C.
 ARTEBIA, OFFICE

I. Operator ARCO Oil and 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 <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Change in Operator Name
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	effective: 4-1-79
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State BR Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Qualon Morrow Gas</u>	Kind of Lease State, Federal or Fee <u>State</u>
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>			
Line of Section <u>16</u> , Township <u>21S</u> , Range <u>26 E</u> , NMPM, <u>Eddy</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>The Permian Corporation</u>	<u>P.O. Box 1183 Houston Texas 77001</u>
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)
<u>El Paso Natural Gas Co</u> <u>Gas Company of New Mexico</u>	<u>Box 1384, Jal NM 88225</u> <u>First International Bldg, Suite 1800, Dallas Texas</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <u>Yes</u>
Unit <u>K</u> Sec. <u>16</u> Twp. <u>21S</u> Rge. <u>26 E</u>	When <u>EPNG 12-1-75</u> <u>GC of NM 2-14-75</u>

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.
<u>No Change</u>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
<u>No Change</u>								
Pool	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.)	
<u>No Change</u>			
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	Casing Pressure	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 V. Parks
 (Signature)
 District Prod & Drlg Supt.
 (Title)
3-7-79
 (Date)

OIL CONSERVATION COMMISSION

APR 13 1979

APPROVED _____, 19____
 BY W. A. Gresser

TITLE SUPERVISOR, DISTRICT II

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 Sections I, II, III, and VI only 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.

**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

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I. OPERATOR
Operator: Atlantic Richfield Company ✓
Address: P. O. Box 1710, Hobbs, NM 88240

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas Effective 8/1/76
 Change in Ownership Casinghead Gas Condensate from Southern Union Gas Co.

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

II. DESCRIPTION OF WELL AND LEASE Dual w/Avalon Atoka Gas

Lease Name State BR Com	Well No. 1	Pool Name, Including Formation Avalon Morrow Gas	Kind of Lease State, Federal or Fee State	Lease No. K-4334
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>21S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> ET Paso Natural Gas Company Gas Company Of New Mexico	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, NM 88252 First International Bldg, Suite 1800, Dallas, TX EPNG 12/1/75 75270 GC of NM 12/14/75 Administrative Approval Letter dated 2/9/74 OCC
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>16</u> Twp. <u>21S</u> Rge. <u>26E</u>	Is gas actually connected? Yes

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.	Dist. 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.

A. L. Shackelford
(Signature)
Accountant I
(Title)
8/31/76
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 2 1976, 19
BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

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.

NEW MEXICO OIL CONSERVATION COMMISSION
GAS WELL SHUT-IN PRESSURE REPORT

Form O-120
Revised 1-1-65

Operator Atlantic Richfield Company Address P. O. Box 1710, Hobbs, NM 88240 Pool Avalon Morrow County Eddy

LEASE	WELL NO.	LOCATION			DATE PRESS. RUN	TIME S.I. HRS./MIN.	S.I. PRESSURE PSIG (DWT)	S.I. PRESSURE PSIA	PREV. TEST DATE	
		UNIT	SEC.	TWP.						RGE.
State BR <i>Com.</i>	1	K	16	21S	26E	8/24/76	24 hrs	1231	1244.2	7/31/75 2853.2

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AUG 30 1976

L. C. Hudry
Sr. Operations Engineer

I hereby certify that the above information is true and complete to the best of my knowledge and belief. SEE RULE 402

Signature L. C. Hudry Title Sr. Operations Engineer Date August 25, 1976

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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

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JAN 13 1976

I. Operator
Atlantic Richfield Company

Address
P. O. Box 1710, Hobbs, NM 88240

O. C. C.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: El Paso Natural Gas Co. connected for gas sales on 12/1/75.

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE Dual w/Avalon Atcka Gas

Lease Name State BR Com.	Well No. #1	Pool Name, Including Formation Avalon Morrow Gas	Kind of Lease State, Federal or Fee State	Lease No. K-4334
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>16</u> Township <u>21S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co. Southern Union Gas Co.	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico 1400 Fidelity Union Tower, Dallas, TX 75201			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 16	Twp. 21	Rge. 26
Is gas actually connected? When		Yes El Paso, 12/1/75 So. Union, 2/14/75		

If this production is commingled with that from any other lease or pool, give commingling order number: Administrative Approval

IV. COMPLETION DATA

Letter dated 12/9/74, A.L. Porter, Jr.

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.

P. L. Mackelford
(Signature)
Accountant I
(Title)
1/12/76
(Date)

OIL CONSERVATION COMMISSION
JAN 13 1976
APPROVED _____, 19____
BY W.A. Gressett
TITLE SUPERVISOR, DISTRICT II

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 well name or number, or transporter, or other such change of operation.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

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	GAS 2
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS **RECEIVED**

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

AUG 26 1975

O. C. C.
ARTESIA, OFFICE

I. OPERATOR

Operator
Atlantic Richfield Company ✓

Address
P. O. Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Designate additional Transporter of
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas. <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE Dual w/Avalon-Atoka Gas

Lease Name State BR Com	Well No. 1	Pool Name, including Formation Avalon Morrow Gas	Kind of Lease State, Federal or Fee State	Lease No. K-4334
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West				
Line of Section 16 Township 21S Range 26E , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
The Permian Corporation	P.O. Box 1183, Houston, Texas 77001			
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)			
El Paso Natural Gas Company (CITGO) Southern Union Gas Company (ARCO)	Jal, New Mexico 1400 Fidelity Union Tower, Dallas, TX 75201			
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 16	Twp. 21S	Rge. 26E
	Is gas actually connected?		When 9-11-75 (El Paso) 02/14/75 (So. Union)	

If this production is commingled with that from any other lease or pool, give commingling order number: **Administrative Approval Letter dtd 02/09/74 A.L. Port**

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)								
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.

D. L. Shackelford
(Signature)
Accountant I
(Title)
08/25/75
(Date)

OIL CONSERVATION COMMISSION
SEP 16 1975

APPROVED _____

BY *D. A. Gussert*
SUPERVISOR, DISTRICT II

TITLE _____

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 density tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change.
Separate Forms C-104 must be filed for each production completed wells.

OIL CONSERVATION COMMISSION

P. O. DRAWER DD

ARTESIA, NEW MEXICO 88210

RECEIVED

SEP 15 1975

NOTICE OF GAS CONNECTION

O. C. C.
ARTESIA, OFFICE

Date September 11, 1975

This is to notify the Oil Conservation Commission that connection
for the purchase of gas from the Atlantic Richfield Co.

Operator

State BR Com. #1

(Commingled)

K

16-21-26

Lease

Well & Unit

S.T.R.

Avalon ~~Asoka~~-Morrow

El Paso Natural Gas Co.

Pool

Name of Purchaser

was made on September 11, 1975

El Paso Natural Gas Co.

Purchaser

F. Louis Elliott

Representative

Gas Production Status Analyst

Title

TRE : b1

cc: To operator

Oil Conservation Commission - Santa Fe

T. J. Crutchfield

Proration

H. P. Logan

File

NEW MEXICO OIL CONSERVATION COMMISSION
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Copy 6 SF
A-122
Form C-122
Revised 9-1-65

RECEIVED

AUG 18 1975

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special		Test Date 08/05/75	
Company Atlantic Richfield Co.		Connection Southern Union	
Pool Avalon Morrow <i>bas</i>		Formation Morrow	
Completion Date 10/16/74		Total Depth 11140	
Plug Back TD 10936		Elevation 3283 G.L.	
Farm or Lease Name State BR <i>Com</i>		Well No. #1	
Casing Size 5 1/2		Well Wt. 17.00	
Well ID 4.892		Set At 11134	
Perforations: From 10,820 To 10,929		Unit K	
Perforations: From Open To Ended		Sec. 16	
Type Well - Single - Bradenhead - G.G. or G.O. Multiple G.G. - Dual		Packer Set At 10,735'	
Producing Thru Casing		Reservoir Temp. °F 176 @ 10,900	
Mean Annual Temp. °F 60		Baro. Press. - P _a 13.2	
State New Mexico		County Eddy	
L 10,735		H ---	
C _g 0.665		% CO ₂ .355	
% N ₂ .933		% H ₂ S 0.00	
Prover ---		Meter Run 4	
Taps ---		Flg ---	

FLOW DATA					TUBING DATA		CASING DATA		Duration of Flow		
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	Duration of Flow
SI	Shut In										
1.	4.00 x 1.125			648	12.3	103			2908	70	191.0
2.	4.00 x 1.125			684	10.4	101			1294	86	5.8
3.	4.00 x 1.125			643	7.4	91			1433	80	4.0
4.	4.00 x 1.125			640	5.4	89			1733	72	4.0
5.									2027	69	4.0

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P _m	Flow Temp. Factor Ft.	Gravity Factor Fg	Super. Compress. Factor, Fpv	Rate of Flow Q, Mcfd
1	6.03	90.18	661.2	.9611	1.226	1.052	674.3
2	6.03	85.15	697.2	.9628	1.266	1.056	640.0
3	6.03	69.59	656.2	.9713	1.266	1.056	528.0
4	6.03	59.28	653.2	.9732	1.266	1.057	450.9
5							

NO.	R _f	Temp. °R	T _f	Z	Gas Liquid Hydrocarbon Ratio	Dry Gas	Mcf/bbl.
1	.99	563	1.50	.904	A.P.I. Gravity of Liquid Hydrocarbons	---	---
2	1.04	561	1.50	.897	Specific Gravity Separator Gas	0.655	XXXXXXX
3	.98	551	1.47	.896	Specific Gravity Flowing Fluid	XXXXX	.665
4	.97	549	1.46	.895	Critical Pressure	670.1	P.S.I.A. 670.1 P.S.I.A.
5					Critical Temperature	374.7	R 374.7 R

P _c 2921.2 P _c ² 8533.4						
NO.	P _i ²	P _w	P _w ²	P _c ² - P _w ²	(1) $\frac{P_c^2}{P_c^2 - P_w^2} = 1.3247$	(2) $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 1.3022$
1	1708.8	1307.4	1709.3	6824.1		
2	2091.5	1446.2	2091.5	6441.9		
3	3066.7	1751.7	3068.4	5464.9		
4	4162.4	2040.5	4163.6	4369.8		
5						

AOF = Q $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 833$

Absolute Open Flow	833	Mcf/d @ 15.025	Angle of Slope	46° 48'	Slope, n	.939
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Remarks: _____

Approved By Commission:	Conducted By: R. E. Huff	Calculated By: R. E. Huff	Checked By:
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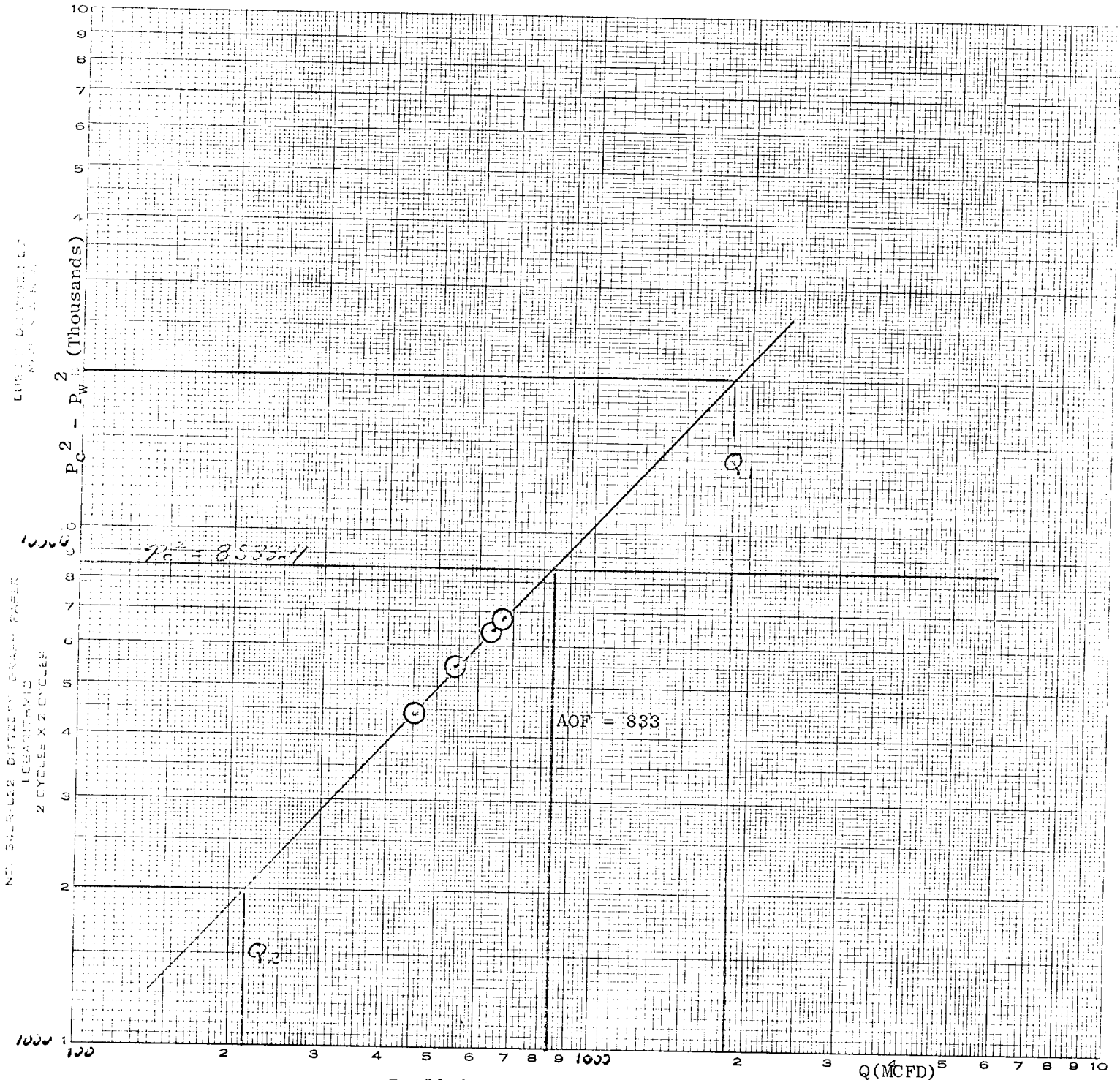
Atlantic Richfield

State BR #1

K 16-21S-26E

Eddy County

08/05/75



EMULSION DRILLING CO
NO. 16-21S-26E

NO. 16-21S-26E
LOGARITHMIC
2 CYCLES X 2 CYCLES

$P_1 = 20,000$
 $P_2 = 2,000$

1850 MCF
213 MCF

$\log Q_1 = 3.267172$
 $\log Q_2 = 2.328380$
 $N = \frac{3.267172 - 2.328380}{0.938792} = .939$