

DISTRIBUTION		
SANTA FE		
FILE		
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-120
Effective 1-1-83

RECEIVED BY
DEC 31 1984
O. C. D.
ARTESIA OFFICE

Operator	ARCO Oil and Gas Company Division of Atlantic Richfield Co. ✓		
Address	P.O. Box 159, Artesia, NM 88210		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

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

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name	Kurland "A" Federal	1	State of Delaware BONE SPRING	State, Federal or Fee Fed	NM
Location	Unit Letter L ; 3009 Feet From The North Line and 660 Feet From The West				
Line of Section	6	Township	21S	Range	27E, NMPM, Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Navajo Refining Co.	P.O. Box 159, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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 L	Sec. 6	Twp. 21S
			Rge. 27E
			Is gas actually connected? No
			When To be connected when permanent bttty is installed

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

COMPLETION DATA		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		X		X					
Date Spudded	8-29-84	Date Compl. Ready to Prod.	11-3-84	Total Depth	5077'	P.B.T.D.	5034'		
Elevations (DF, RKB, RT, GR, etc.)	3187.2' GR	Name of Producing Formation	Delaware	Top Oil/Gas Pay	4589' 4553'	Tubing Depth	4553'		
Perforations	4580, 83, 84, 85, 4589' (4580-4589) SS					Depth Casing Shoe	5077'		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
26"	20" Conductor Pipe	30'	3 yds Redi-mix						
17 1/2"	13 3/8" OD	490'	1300 sx & 38 yds Redi						
11"	8 5/8" OD	2304'	1850 sx mix						
7 7/8"	5 1/2" OD	5077'	750 sx						

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	11-3-84	Date of Test	12-14-84
Length of Test	24 hrs	Producing Method (Flow, pump, gas lift, etc.)	Pump-
Actual Prod. During Test	116 bbls	Casing Pressure	pkf
		Water - Bbls.	63
		Choke Size	---
		Gas - MCF	151

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED DEC 31 1984, 10	
Engrg. Tech. Spec. (Signature)		Original Signed By Mike Williams	
12-20-84 (Date)		Oil & 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.	