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TRANSPORTER	OIL		
	GAS		
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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-111  
Effective 1-1-85

**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 checked="" type="checkbox"/>	Change in Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Other (Please explain)
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>				

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Eva Owens	Well No. 2	Pool Name, including Formation Wantz Abo	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>M</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>440</u> Feet From The <u>West</u> Line of Section <u>25</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, N.M. 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Okla 74102
If well produces oil or liquids, give location of tanks.	Unit <u>L</u> Sec. <u>25</u> Twp. <u>21</u> Rge. <u>37</u>
Is gas actually connected?	When To be connected <u>No</u> approx 1/15/85.

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 9/21/84	Date Compl. Ready to Prod. 12/20/84	Total Depth 7420'	P.B.T.D. 7375'					
Elevations (DF, RKB, RT, GR, etc.) 3364.1' GR	Name of Producing Formation Abo	Top Oil/Gas Pay 6764'	Tubing Depth 6763'					
Perforations 6764, 69, 6818, 6886' - 6976, 89, 95, 7003, 18, 28, 34, 38, 44'							Depth Casing Shoe 7420'	
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26"	20" cond pipe	30'	3 yds Redi-mix					
11"	8-5/8" OD	1250'	475 sx					
7-7/8"	5 1/2" OD	7420'	2900 sx					
	2-3/8" OD	6763'						

**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 10/26/84	Date of Test 12/30/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 45 bbls	Oil - Bbls. 43	Water - Bbls. 2	Gas - MCF 82

**GAS WELL**

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

Elizabeth S. Bush  
(Signature)  
Drlg. Engr.  
(Title)  
12/31/84  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED JAN - 7 1985, 19\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR  
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.

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JAN - 4 1985

C.C.B.  
HOBBS OFFICE