

NAME	STATE
ADDRESS	ZIP CODE
TYPE	
NUMBER	
TRANSPORTER	OIL GAS
OPERATOR	TRANSPORTATION SERVICE
EXPIRATION	

THE STATE OF TEXAS, AUSTIN, TEXAS, 1971
RECEIVED TEXAS DEPARTMENT OF
WATER AND POWER

DEPARTMENT OF WATER AND POWER
REGULATORY DIVISION
LICENSING SECTION

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Arco Pipeline Company

P.O. Box 1670, Midland, TX 79304

Reason(s) for filing (check proper box)

New well

Completion

Change in Operator

Change in Transporter oil:

Oil

Dry Gas

Compressed Gas

Change in lease term and state
from lease date to date
of application between
State of "Do. 5"

Change of ownership give name
and address of previous owner

Arco

DESCRIPTION OF WELL AND LEASE

Section	Acres	Well No.	Lease No.
Section Number	179	Block Number	Date of Lease
Unit	D	Foot From The	Location or Fee
Unit Letter	607	North	Fee From The West
Line of Section	3	Township	215
		Range	36 E
			Midland County

DESIGNATION OF TRANSPORTED OIL AND NATURAL GAS

Method of Authorization - Transporter, Oil or Compressor

Transporter or Gasoline Transporter or Compressor Gas

Vest

If well produces oil or liquids,
give location of tanks.

Address: One address to which approved copy of this form is to be sent

Arco Pipeline Company Box 1199, Midland, TX 79702

Address: One address to which approved copy of this form is to be sent

Arco Pipeline Company Box 1199, Midland, TX 79702

Oil production is commingled with that from any other lease or pool, give commingling under number

COMPLETION DATA

Designate Type of Completion - (X)	Drill Hole	Is Well	New Well	Reopen Well	Deepen	Plug Back	Side Hole	End Hole
Open Spaced	Date Comm. Ready to Prod.	Plugged Off						
Open Holes (O.H., R.H., R.T., G.R., etc.)	Name of Producing Formation	Top of Gas Pay						
Perforations								

TOP OF GAS PAY AND CEMENTING INFORMATION

HOLE SIZE	CASING & TUBING SIZE	BUTT SET	SAC 13 CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of test oil and must be equal to or exceed top allowable rate for this depth of 1000 BBL/24 hours)

Date First Run Oil into Test	Date of Test	Producing Method (Water, pump, gas lift, etc.)
Length of Test	Testing Pressure	Casing Pressure
Actual Prod. During Test	Oil - BBLs.	Water - BBLs.

TEST WELLS

Length of Test	Oil - BBLs. / Min. (MMOF)	Gravity of Condensate
Testing Pressure (psi, cpsi, etc.)	Casing Pressure (psi, cpsi, etc.)	Choke Size

CERTIFICATE OF COMPLIANCE

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.D. Pitts
(Signature)
ATEA ENGINEER
(Title)
1-39-85
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____

BY _____ ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a report for allowable for a newly drilled or deepened well, this is to report by a tabulation of the various types taken on that well in accordance with RULE 111.

All parts of this form must be filled out completely for allowables new wells to comply with rule 1104.

1104 ent only (action of T. H. III, and V) for change of owner with name of transporter, or other such change of condition

RECEIVED

FFB - 4 1985

100-200
FBI - LOS ANGELES