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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-110  
Effective 1-1-65

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) Other (Please explain)  
New Well ☒ Change in Transporter of:  
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

Lease Name <u>W. H. Harrison "D" WN</u>	Well No. <u>7</u>	Pool Name, Including Formation <u>Langlie Mattix 7R Qn</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
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>29</u> Township <u>24S</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"/> <u>Navajo Crude Oil Purchasing</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 175, Artesia, N M 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1384, Jal, N M 88252</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>29</u>	Twp. <u>24S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>No</u>	When <u>WOPLC</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't.	Diff. Res't.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>4/23/81</u>	Date Compl. Ready to Prod. <u>7/13/81</u>		Total Depth <u>3756'</u>		P.B.T.D. <u>3704'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3251.8' GR</u>	Name of Producing Formation <u>Seven Rivers Queen</u>		Top Oil/Gas Pay <u>3431'</u>		Tubing Depth <u>3671'</u>			
Perforations <u>3654, 60, 70, 80, 87' &amp; 3431', 39, 43, 58, 72, 90, 3504, 3510'</u>					Depth Casing Shoe <u>3756'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>16"</u>		<u>30'</u>		<u>4 yds Redi-mix</u>			
<u>12 1/4"</u>	<u>8-5/8" OD</u>		<u>1165'</u>		<u>750</u>			
	<u>5 1/2" OD</u>		<u>3756'</u>		<u>1000</u>			
	<u>2-3/8" OD</u>		<u>3671'</u>					

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 <u>27</u>	Length of Test <u>24 hrs</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>-</u>
Testing Method (pilot, back pr.) <u>back pr</u>	Tubing Pressure (Shut-in) <u>24#</u>	Casing Pressure (Shut-in) <u>24#</u>	Choke Size <u>64/64"</u>

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.

OIL CONSERVATION COMMISSION

APPROVED JUL 14 1982, 19

BY \_\_\_\_\_

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 calculation of the deviation of the well from the vertical.