

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COM.
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

DEC 12 1972

I. Operator **O. C. C.**
Arwood Ltd. **ARTESIA, OFFICE**
Address **P.O. Box 8, Loco Hills, New Mexico 88255**
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 Loc Federal	Well No. 10	Pool Name, including Formation Square Lake - Premier	Kind of Lease State, Federal or Fee Federal	Lease No. 07781
Location Unit Letter E : 1790 Feet From The North Line and 330 Feet From The West Line of Section 30 Township 16-S Range 31-E , NMPM, Eddy 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"/> Nava Jo Refining Co. Pipeline Div.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 8, Loco Hills, N. Mexico 88255	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	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 K	Sec. 30
	Twp. 16S	Rge. 31E
	Is gas actually connected? Yes	When Oct. 4, 1972

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-19-72	Date Compl. Ready to Prod. 8-7-72		Total Depth 3221		P.B.T.D. 3218			
Elevations (DF, RKB, RT, GR, etc.) 3857 GR	Name of Producing Formation Premier		Top Oil/Gas Pay 3044		Tubing Depth 3060			
Perforations 3044-3049;	3091-3096;				Depth Casing Shoe 3220			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10 3/4"	8 5/8" 20#		455'		185 BX Glsr.			
6 1/4"	5 1/2" 14#		3221'		300 BX TC 1600			
	2 7/8"		3060					

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 11-2-72	Date of Test 11-10-72	Producing Method (Flow, pump, gas lift, etc.) PMP	
Length of Test 24 Hours	Tubing Pressure 28 lbs.	Casing Pressure 28 lbs.	Choke Size 2"
Actual Prod. During Test 38 lbs.	Oil-Bbls. 22	Water-Bbls. 16	Gas-MCF TSM

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.

B. D. H. G. m.
(Signature)
Supt.
(Title)
12-5-72
(Date)

OIL CONSERVATION COMMISSION

DEC 12 1972
APPROVED _____, 19_____
BY **W. A. Gressett**
TITLE **OIL AND 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.