SANTA FE  SANTA FE  REQUEST FOR ALLOWABLE  REQUEST FOR ALLOWABLE  AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  FILE  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  P. O. BOX 1710, Hobbs, New Mexico 88240  Common ARCO 011 and Gas Company  MAR 14 1979  MAR 14 1979  MAR 14 1979  MAR 15 1979  MAR 16 1979  MAR 17 1979  MAR 17 1979  MAR 18 19	<u>.</u>			
SANTA FE REMEMBLICS OIL CONSERVATION CONSISTION FROM CITY OF THE STORY		<del>-</del> -	•	
SANTA FE REMEMBLICS OIL CONSERVATION CONSISTION FROM CITY OF THE STORY				
SANTA FE REMEMBLICS OIL CONSERVATION CONSISTION FROM CITY OF THE STORY				
REQUEST FOR ALLOWABLE  Superseder Old C-104 and C- Effective 1-1-65  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  P. O. BOX 1710, Hobbs, New Mexico 88240  Reson(s) for filing (Check proper box)  New Weil  Change in Check proper box  Recognization  Change in Operator Name  effective: 4-1-79  Change in Operator Name  effective: 4-1-79  If change of ownership give name and address of previous owner  BESCRIPTION OF WELL AND LEASE  Least Name  Least Name  Line of Section 39  Township 175  Range 29E  NMFM  Name of Authorized Transporter of Oil  Line of Section 39  Township 175  Range 29E  NMFM  Name of Authorized Transporter of Oil  Line of Section 39  Township 175  Range 29E  NMFM  Name of Authorized Transporter of Oil  Name of Authorized Transporter of Oil  Name of Section 39  Township 175  Range 29E  NMFM  Name of Authorized Transporter of Oil  Name of Production of Order  The Condensate Order  The Condensate Order  Page 18 year servicity connected?  When  The Condensate Order  Name of Production Food.  Total Depth  P.B.T.D.  Name of Production Food.  Name of Producting Forcetion  Top Oil/Gas Pay  Tuking Depth  Tuking Obertion  Tuking Casing, AND CEMENTING RECORD  Perforesions  Popin Casing Shoe  Tuking Sacing AND CEMENTING RECORD  Perforesions  TUBING, CASING, AND CEMENTING RECORD  POPIN Sacing Shoe	DISTRIBUTION 3	NEW MEXICO OU	CONSERVATION COMMISSION	From 7 121
AND  Section 1-1-65  AUTHORIZATION TO TRANSPORT CIL AND NATURAL GAS  AUTHORIZATION TO TRANSPORT CIL AND NATURAL GAS  TRANSPORTER  OPERATOR  PROGRATION OFFICE  Operator  ARCO CIL and Gas Company  MAR 14 1979  Nations  P. O. Box 1710, Hobbs, New Mexico 88240  Change in Transporter of:  Change in Operator Name  effective: 4-1-79  Change in Operator Name  effective: 4-1-79  BESCRIPTION OF WELL AND LEASE  Some Well  Change of previous owner  DESCRIPTION OF WELL AND LEASE  License littles  License littles  License littles  License littles  License littles  AND  Address (Greegophriss to which approved copy of this form is to be sent)  DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Quil of Considerable  Little of Section Green Considerable  Operator  Address (Greegophriss to which approved copy of this form is to be sent)  Part — S. W. State of Image of Complete Tomporter of Units Sec. Twp. Figs. Is got address to which approved copy of this form is to be sent)  Part — S. W. State of Image of Completion — (X)  Date Special or Completion — (X)  Name of Production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Special or Completion — (X)  Name of Production Formation  Top CLI/Ges Pay  Tubing Depth  Tubing CASING, AND CEMENTING RECORD  Depth Casing Shoes  TUBING, CASING, AND CEMENTING RECORD  DEPTH SET  SACKS CEMENT	SANTA FE /			
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  P. O. BOX 1710. Hobbs, New Mexico 88240  Reson(s) for filing (Check proper box)  New Mexi  P. O. BOX 1710. Hobbs, New Mexico 88240  Reson(s) for filing (Check proper box)  New Mexico  Reson(s) for filing (Check proper box)  New Mexico  Change in Operator Name  of Feet Cive: 4-1-79  Unit Letter S. 2310 Feet From The SouthLine and 1650 Feet From The Uest  Line of Section 39 Township /7S Ronge 39E NAMEM, Edit of Lease  Line of Section 39 Township /7S Ronge 39E NAMEM, Edit of Lease  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Grange) devices to which approved copy of this form is to be sent)  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Gall or Condensate Or Por Gas Address (Grange) devices to which approved copy of this form is to be sent)  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Gall or Condensate Or Por Gas Address (Grange) devices to which approved copy of this form is to be sent)  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Gall or Condensate Or Por Gas Address (Grange) devices to which approved copy of this form is to be sent)  OTHER COMPLETION DATA  Designate Type of Completion — (X)  Deter Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  OTHER Spudded  Name of Producing Formation  TOP CII/Gas Pory  Tubing Depth  Pool  HOLE SIZE  CASING, AND CEMENTING RECORD  DEPTH SET  SACKS CEMENT	FILE / /	. 17240231		Effective 1-1-65
TRANSPORTER OIL  OPERATOR  GAS  DEFORMATION OFFICE  OPERATOR  OPERATOR  GAS  DEFORMATION OFFICE  OPERATOR  P. O. Box 1710, Robbs, New Mexico 88240  Change in Operator  Change in Transporter of:  Only Gas  Change in Operator Name  officitive: 4-1-79  Other (Please explain)  Other	u.s.g.s.	AUTHORIZATION TO TR		CAS
PROCRATION OFFICE OPERATOR PROCRATION OFFICE OPERATOR Data ACCO 011 and Gas Company Division of Atlantic Richfield Company MAR 14 1979  Address P. O. Box 1710, Hobbs, New Mexico 88240  Change in Check proper box New Weil Change in Operator Name effective: 4-1-79  Change in Operator Name effective: 4-1-79  BESCRIPTION OF WELL AND LEASE Lease, Name Lease Lease, Name Lease, Name Lease Lease, Name Lease Lease, Name Lease	LAND OFFICE	ASTRONIZATION TO TRA	THE SKI SIE AND NATOKAL	. GAS
PERATOR   PROPATION OFFICE    Operator ARCO O11 and Gas Company Division of Atlantic Richfield Company MAR 14 1979  Address P. O. Box 1710, Hobbs, New Mexico 88240  P. O. Box 1710, Hobbs, New Mexico 88240  Other (Please explain) ANIXONA, DEFIGE  Recompletion Other (Please explain) ANIXONA, DEFIGE  Change in Operator Name effective: 4-1-79  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Vanne  Unit Letter   32/0   Feet From The Lauthline and 1650   Feet From The Letter   State, Federal or Fee Application of Section 94  Line of Section 97  Township 175  Range 29 E NNFM, Eddy Country  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil Or Condensate   Address (Give address to which approved copy of this form is to be sent)  Designation of this commingled with that from any other lease or pool, give commingting order number:  COMPLETION DATA  Designate Type of Completion - (X)  Designate Type of Comple	TRANSPORTER OIL			
Operation Office  Operator ARCO Oll and Gas Company — Division of Atlantic Richfield Company  Address P. O. Box 1710, Hobbs, New Mexico 88240  Charge proper box;  New Weil Check proper box;  New Weil Change in Transporter of:  Other (Please explain) ANTERIX, OFFICE  Change in Operator Name  effective: 4-1-79  Change in Operator Name  effective: 4-1-79  BESCRIPTION OF WELL AND LEASE  Losen Name  Losen And Will Company  Well No. Poplinate, including Formation  Unit Letter S. 23/O Feet From The Statthy.ine and 1650 Feet From The West  Line of Section 39 Township 175 Range 29E NNPM,  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  Noting oil Authorized Transporter of Oil Saincheed Gas or Pup. Rge. Is gas actually connected? When  It well produces oil or liquids, quit Sec. Pup. Rge. Is gas actually connected? When  When The Spot Completion (X) Oil Well Gas Well New Well Vericever Despen Plug Back Same Restry. Diff. Restry to Prod.  To Diff Spoulded Date Compl. Restry to Prod.  To Diff Spoulded Provide Completion (X) Oil Well Gas Well New Well Vericever Despen Plug Back Same Restry. Diff. Restry to Prod.  No Change Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING a TUBING SIZE DEPTH SET SACKS CEMENT		_		
ARCO 011 and Gas Company Division of Atlantic Richfield Company  Address P. O. Box 1710, Hobbs, New Mexico 88240  Rescan(s) for filing (Arch proper bas) New Wes) Change in Transporter of: Oli Dry Gas Condensate  If change of ownership give name and address of previous owner  BESCRIPTION OF WELL AND LEASE Leave Name Leave Name Loostlin Until Letter K. : 33/0 Feet From The Sauthaline and 1650 Feet From The West Little of Section 39 Township 75 Range 39E, NMPM, Little of Section 39 Township 75			R	ECEIVED
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P. O. Box 1710, Hobbs, New Mexico 88240    Chasson(s) for filing (Check proper box)   New West   Change in Transporter of the Change in Transporter of the Change in Operator Name   Change in Operator Name   Change of ownership   Change of ownership give name and address of previous owner   Change of ownership give name and address of previous owner   So Condensate   Change for the Change in Operator Name   Change of ownership give name and address of previous owner   So Condensate   Change in Operator Name   Change of Operator   Change   Change of Operator   Change   Change of Operator   Change   Chan	Division of At	antic Richfield Company		
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New Well Recompletion Clamage in Transporter of: Oil Crasingheed Gas Condensore  Change in Operator Name effective: 4-1-79  Change in Operator Name effective: 4-1-79  Change in Operator Name effective: 4-1-79  Change of ownership  Change in Operator Name effective: 4-1-79  Change in Ope	P. U. BOX 1/10,	Hobbs, New Mexico 8824		
Recompletion Change in Ownership give name and address of previous owner grand g				
Change of ownership  If change of ownership give name and address of previous owner  BESCRIPTION OF WELL AND LEASE  Lease Name  Location  Unit Letter  Line of Section 39  Township /75  Range 29E  Name of Authorized Transporter of Oil AND NATURAL GAS  Name of Authorized Transporter of Gainghead Gas or Dry Gas  Name of Authorized Transporter of Gainghead Gas or Dry Gas  Address (Give address so which approved copy of this form is to be sent)  PARL  It this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Top Oil/Gas Pay  Tubing Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT				
If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE Lecase Name Location Unit Letter Vi SO Empire Above State, Federal or Fee John State, County Unit Letter Vi SO Empire Above State, Federal or Fee John State, Federal or F	· —	<b>=</b>		<del>-</del> 79
DESCRIPTION OF WELL AND LEASE Lects Name Lects Name Location Unit Letter K; 23/0 Feet From The South Line and 1650 Feet From The Line of Section 39 Township 175 Range 29E NAMPM,  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Oil or Condensate If well produces oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA Designate Type of Completion — (X)  Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv., Diff. Rest  Total Depth No Change Pool No Change  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT	Ciralige III Ownership	Cusingheda Gus Conde	nsute	
DESCRIPTION OF WELL AND LEASE  Lecase Name  Location  Unit Letter  Line of Section 39  Township /75  Range 29E  NMPM,  State, Federal or Fee Founts  Line of Section 39  Township /75  Range 29E  NMPM,  Eddy  County  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cill or Condensate or Dry Gas  Name of Authorized Transporter of Gainghead Gas or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  Hill reduces oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingting order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compil. Ready to Prod.  No Change  Name of Producing Formation  Top Oll/Gas Pay  Tubing Depth  Tubing Casing Shoe	If change of ownership give name			
Lease Name Location Unit Letter K : 23/0 Feet From The South Line and 1650 Feet From The West Line of Section 39, Township 175 Range 29E NMPM,  Eddy County  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Given address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Grisinghead Gas or Dry Gas Address (Given address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Grisinghead Gas or Dry Gas Address (Given address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Grisinghead Gas or Dry Gas address (Given address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Grisinghead Gas or Dry Gas address (Given address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Grisinghead Gas or Dry Gas or Dry Gas address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Grisinghead Gas or Dry Gas or Dry Gas address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Grisinghead Gas or Dry Gas or Dry Gas actually connected? When dry or Dry of this form is to be sent)  Name of Authorized Transporter of Grisinghead Gas or Dry Gas actually connected? When dry or Dry of this form is to be sent)  Name of Authorized Transporter of Grisinghead Gas or Dry Gas West Or Dry of this form is to be sent)  Name of Authorized Transporter of Grisinghead Gas or Dry Gas address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Grisinghead Gas or Dry of Gas West Or Dry of this form is to be sent)  Name of Authorized Transporter of Grisinghead Gas or Dry of Gas West Or Dry of this form is to be sent)  Name of Authorized Transporter of Grisinghead Gas or Dry of Gas West Or Dry of this form is to be sent)  Name of Authorized Transporter of Gas Or Dry Gas Or Dry of this form is to be sent)  Name of Authorized				
Lease Name Location Unit Letter  Line of Section 39  Township  Tow				
Location  Unit Letter K : 23/0 Feet From The South Line and 1650 Feet From The West  Line of Section 39 Township 175 Range 39 E , NMPM, Sudy County  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Givendaries to which approved copy of this form is to be sent)  Noting of Authorized Transporter of Gasinghead Gas or Dry Gas Address (Givendaries to which approved copy of this form is to be sent)  If well produces oil or liquids, question of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  No Change  Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth  Perforations  Depth Casing Shee				
Unit Letter K : 23/0 Feet From The South Line and 1650 Feet From The West  Line of Section 39 Township 175 Range 29E , NMPM, Sully County  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil of Condensate Address (Given of dars to which approved copy of this form is to be sent)  Noting of Authorized Transporter of Gasinghead Gas or Dry Gas Address (Given address to which approved copy of this form is to be sent)  Noting of Authorized Transporter of Gasinghead Gas or Dry Gas Address (Given address to which approved copy of this form is to be sent)  Noting of Authorized Transporter of Gasinghead Gas or Dry Gas Address (Given address to which approved copy of this form is to be sent)  If well produces oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  No Change  Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT	Lease Name		me, Including Formation	7 /
Line of Section 39   Township 175   Range 39E   NMPM,   Sudicy County	Empere and un	1 30 Cm	spire alo	State, Federal or Fee folderal
Line of Section 39   Township 175   Range 39E   NMPM,   Sudicy County	Lacation	0 11	,	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Gill or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Gasinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Gasinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Production of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  No Change  Pool  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT	Unit Letter 1 : 23/	Feet From The South Lis	se and <u>1650</u> Feet Fro	n The West
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Name of Authorized Transporter of Oil or Condensate Address (Givenigles to which approved copy of this form is to be sent)  Noting of Authorized Transporter of Gasinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Gasinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Produces oil or liquids, durit Sec. Twp. Rige. Is gas actually connected? When give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded Date Compil. Ready to Prod. Total Depth P.B.T.D.  No Change  Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT				
Name of Authorized Transporter of Gasinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent).    Name	DESIGNATION OF TRANSPORT			
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tf well produces oil or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Now Well Workover Deepen Plug Back Same Res'v. Diff. Res'  Date Spudded  No Change  Pool Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET SACKS CEMENT	1 7	inghead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent).
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If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA    Coll Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Restv.   Diff. Rest		Unit Sec. Twp. Rge.	Is gas actually connected?	When
COMPLETION DATA    Cold Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Res'v.   Diff. Res'   Date Spudded   Date Compl. Ready to Prod.   Total Depth   P.B.T.D.     No Change   Pool   Name of Producing Formation   Top Oll/Gas Pay   Tubing Depth     Perforations   Depth Casing Shoe	give location of tanks.	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !		
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Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT			<u> </u>	
TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  .	Pool .	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  .		<u> </u>		
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HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT				
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V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) No Change Length of Test Tubing Pressure Casing Pressure Choke Size Water - Bbls. Actual Prod. During Test Cil-Bbls. Gas - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APR 6 - 1979 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 BY SUPERVISOR, DISTRICT II

ct Prod & Drlg Supt

(Date)

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 1111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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