

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

RECEIVED

MAR 4 1971

I.

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

Operator
ARWOOD, LTD.

Address
P.O. Box 20200, Dallas, Texas 75220

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒ Other (Please explain)

If change of ownership give name and address of previous owner **Stallworth Oil & Gas, 407 West Missouri Avenue, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Parke	Well No. 4	Pool Name, Including Formation Square Lake G-S A	Kind of Lease State, Federal or Fee Federal	Lease No. LC029029-J
Location Unit Letter H : 1980 Feet From The N Line and 660 Feet From The E Line of Section 3 Township 17 Range 30 , 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"/> Navejo Refining Co., Pipe Line Div.	Address (Give address to which approved copy of this form is to be sent) No. Freeman Ave., Artesia, N. M.
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, Tex. 77001
If well produces oil or liquids, give location of tanks.	Unit A Sec. 3 Twp. 17S Rge. 30E
Is gas actually connected?	When Yes

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

EST DATA AND REQUEST FOR ALLOWABLE
II. 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)

ate 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
tual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

S WELL

ual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ting Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

IFICATE OF COMPLIANCE

by certify that the rules and regulations of the Oil Conservation
ission have been complied with and that the information given
is true and complete to the best of my knowledge and belief.

ARWOOD, LTD.

Arwood
Arwood

(Signature)

Gen. Partner

(Title)

1. 1. 1971

(Date)

OIL CONSERVATION COMMISSION

MAR 4 1971

APPROVED _____, 19____

BY **W. A. Gressett**

OIL AND GAS INSPECTOR

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.