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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

RECEIVED AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS NOV 1 2 1981 O. C. D. RTESIA, OFFICE ARCO Oil and Gas Company Operator Division of Atlantic Richfield Company V Address 0. Box 1710, Hobbs, New Mexico 88240 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Deepening Dry Gas Oil Condensate Casinghead Gas Change in Ownership If change of ownership give name and address of previous II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Pool Name, Including Formation Well No. Lease Name State, Federal or Fee Federal LC029426 Ga 11 Grayburg Jackson QGSA H. E. West A Location ; 1980 Feet From The North Line and 1980 _ Feet From The __<u>East</u> Unit Letter ___ G County , NMPM, Eddy Range 31E Line of Section 3 Township 17S III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Box 175, Artesia, N.M. 88210 Navajo Refining Co Pipeline Division Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas Box 460, Hobbs, N.M. 88240 Continental Pipeline Company When F.ge. Is gas actually connected? TTwp. Unit Sec. If well produces oil or liquids, give location of tanks. Unknown 1 4 17S '31E Α If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Resty. Diff. Resty Workover Plug Back Oil Well New Well Gas Well Designate Type of Completion -(X)X P.B.T.D. Date Compl. Ready to Prod. Total Depth Date Spudded 3650 11/1/81 10/8/81 Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 3269" 35:00 35781 3972' GR QGSA Depth Casing Shoe Perforations 3500**'** 3500-3650' OH TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 100 817**'** 8-5/8" OD 12½" 3500**'** 100 5½" OD 8" 3578**'** 2-3/8" OD end top ello (Test must be after recovery of total volume of load oil and must be equal to or excable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Pumping 11/2/81 10/12/81 Choke Size Casing Pressure Tubing Pressure Length of Test 24 hrs Gas - MCF Water - Bbls. Oll-Bbls. Actual Prod. During Test 13 18 bbls GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE 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. SCREEN CLUB, DATE NOT H TITLE _

11/6/81

D. L. Shackellerel	
(Signgiure)	
Engrg Tech Spec.	
(Title)	

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep 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.