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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes GM 6-1-1977  
Effective 1-1-79

RECEIVED

APR - 2 1979

O. C. C.

ARTESIA OFFICE

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	<input type="checkbox"/>	Change in Transporter of:	Change in Operator Name
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	effective: 4-1-79
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
			Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
H. E. West B	16	GRAYBURG JACKSON (SR-Q-G-SA)	State, Federal or Free FEDERAL
Location			
Unit Letter	M	660 Feet From The South Line and 660 Feet From The West	
Line of Section	3	Township 17S	Range 31E, NMPLA, Eddy County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
TEXAS New Mexico Pipeline Company	P.O. Box 1510, Midland, TX 79702		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Continental Pipeline Company	P.O. Box 460 Hobbs, N.M. 88240		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	F	10	17S
			Rge.
			31E
Is gas actually connected?	When		
Yes	6-1-60		

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
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 Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

III. 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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
No Change			
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

IV. 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.

*Angela K. Parks*  
(Signature)

District Prod. & Drilg. Supt.

(Title)

3-27-79

OIL CONSERVATION COMMISSION

APPROVED

APR 5 1979

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BY

*W. A. Gessert*  
SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with RULE 1101.

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 Sections I, II, III, and VI only for changes of owner,