DISTRIBUTION			INSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110	
FILE	VV	I GOTFIN UDY	AND	Effective 1-1-65	
U.S.G.S.		1 .	SPORT OIL AND NATURAL GA	•	
IRANSPORTER	DIL V	0. C. D.			
OPERATOR	E	ARTESIA, OFFICE			
Operator					
Seely Oil			orth. Texas 76102		
Reason(s) for filling (C	kmorton,	Suite 2600, Fort Wo	Other (Lease exhigin)		
New Well]	Change in Transporter of:	Change of owner	ship effective	
Recompletion	4	Oil Dry Gas Casinghead Gas Condens	F 1 - / - / 03 · 011 a 11 g 0	or operations	
Change in Ownership			BEET PATRICLE OF BUILD	Class Was was in Econol	
If change of ownershi and address of previo	p give name p	etro-Search, Inc., 1	010 Lamar, Suite 180	0, Houston, TX 7700	
II. DESCRIPTION OF	WELL AND	Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.	
Lease Name Arco Feder	al	1 Square Lake	Grayburg SA State, Federal of		
Location				LC-029342 (d)	
Unit Letter H	: 19	30 Feet From The North Line	and 660 Feet From Th		
Onn 201101	0	170 30	OE , NMPM,	Eddy County	
Line of Section	9 Tow	mahip 1/5 Range 30	, nmpm,		
Name of Authorized Ti	insporter of Oil		Vadiage (Othe aggress to much abbiene		
Navajo Ref	Navajo Refining Company-Pipe Line Div. North Freeman Avenue, Artesia, NM (Name of Authorized Transporter of Casinghead Gas X) or Dry Gas Address (Give address to which approved copy of this form is to be set				
			P.O. Box 2197, Houst		
Continenta		nnany Onit Sec. Twp. Rge.	le gas actually connected? When	conf remas vious	
If well produces oil or give location of tanks		н 9 17S 30E	Yes	11/24/73	
If this production is	commingled wit	h that from any other lease or pool,			
IV. COMPLETION DA			New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
Designate Type	of Completion	1	Total Depth	P.B.T.D.	
Date Spudded		Date Compl. Ready to Prod.		Tubing Depth	
Elevations (DF, RKB,	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	toping Dabon	
Perforations				Depth Casing Shoe	
		TURING, CASING, AND	CEMENTING RECORD		
HOLES	IZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
1000				Post ID-2	
				12-6-85	
				Clig Op.	
	ADOUTET E	OP ALLOWARIE (Test must be a	fter recovery of total volume of load oil a oth or he for full 24 hows)	nd must be equal to a secsed top allow	
OIL WELL Date Firet New Oil R		able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lift		
Date First New Oil R	TU 10 1000	Date 0. 1000			
Length of Test		Tubing Pressure	Casing Pressure	Choke Size	
	h- a b	Oil • Bble.	Water - Bbie.	Gae-MCF	
Actual Prod. During		CIT-BUIS.			
		ŀ			
GAS WELL Actual Prod. Test-M	CF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Testing Method (pito	, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
\			OIL CONSERVA	TION COMMISSION	
VI. CERTIFICATE O	r complian	CE	NOV 2	6 1985	
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BYLes A. Clements	
• 3	3			TITLE Supervisor District II	
		•	This form is to be filed in G	ompliance with RULE 1104.	
A mild	Mry		I as a serious for allow	able for a newly drilled or deepens	
A ond w	(Sign	rature)	well, this form must be accompanied to the second	dence with RULE 111.	
Production Clerk			All sections of this form must be filled out completely for allow-		
			able on new and recompleted we	tte.	
November	15, 1985 (D	ate)	well name or number, or transport	en or other such change of condition	
*	,-				

K O COLO