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GAS	<input checked="" type="checkbox"/>
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-85

RECEIVED BY AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS NOV 22 1985 O. C. D. ARTESIA, OFFICE
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1. Operator Seely Oil Company <input checked="" type="checkbox"/>	
Address 500 Throckmorton, Suite 2600, Fort Worth, Texas 76102	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change of ownership effective 1/1/85. Change of operations 11/1/85.
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner: Petro-Search, Inc., 1010 Lamar, Suite 1800, Houston, TX 77002

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arco Federal	Well No. 2	Pool Name, Including Formation Square Lake Grayburg-SA	Kind of Lease State, Federal or Fee Federal	Lease No.
Location Unit Letter A; 660 Feet From The North Line and 660 Feet From The East Line of Section 9 Township 17S Range 30E, 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"/> Navajo Refining Company-Pipe Line Div.	Address (Give address to which approved copy of this form is to be sent) North Freeman Avenue, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 9	Twp. 17S	Rge. 30E	Is gas actually connected? Yes	When 3/14/74

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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 Post ID-3 12-6-85 Chg Op.			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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)

Date 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
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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

3
Ronda May
(Signature)
Production Clerk
(Title)
November 14, 1985
(Date)

OIL CONSERVATION COMMISSION

NOV 26 1985

APPROVED _____, 19____
BY _____ Original Signed By
Las A. Clements
TITLE _____ Supervisor District II

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.