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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

MAR 7 1975

Operator		O. C. C.	
Armer Oil Company ✓		ARTESIA, OFFICE	
Address			
2110 Continental National Bank Bldg., Ft. Worth, Texas 76102			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Arco Federal	6	Square Lake Gbg-SA	State, Federal or Fee Federal LC	029342(d)
Location				
Unit Letter	B	330 Feet From The North	Line and 1980	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"/>	Address (Give address to which approved copy of this form is to be sent)			
Navajo Refining Company	P. O. Box 159, Artesia, New Mexico 88210			
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 Oil Company	P. O. Box 2197, Houston, Texas 77001			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	H	9	17S	30E
Is gas actually connected?	When		7-14-74	
Yes				

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'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
1/4/75	1/24/75	3100' RKB			3067' RKB			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
3713' GR 3723' RKB	Grayburg-San Andres	2717' RKB			3060' RKB			
Perforations	2717-3043' RKB overall, Grayburg-San Andres-Sidewall Neutron Log measurement.				Depth Casing Shoe			
				3099' RKB				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" OD		492' RKB		100 sacks			
7-7/8"	4-1/2" OD		3099' RKB		500 sacks			
4"	2-3/8" OD		3060' RKB		None			

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 (Pump, etc.)	
1/28/75	2/9/75	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	Pumping	20 psi	None
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF (est.)
63 BF	33	30 (frac)	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

C. W. Stumhoff

(Signature)

Agent

(Title)

3/3/75

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 7 1975

BY W. A. Gussert
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.