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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JAN 21 1982

O. C. D.

ARTESIA, OFFICE

Ray Westall ✓

Address

Box 4 Loco Hills, NM 88255

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.				
Arco Federal	1	Grayburg Jackson SR/Q/G/SA	State, Federal or Fee	Fed. LC-031844				
Location								
Unit Letter	0	660 Feet From The	S Line and	1980 Feet From The				
Line of Section	1	Township	17S	Range	31E	NMPM,	Eddy	County

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 Crude Oil Purchasing Co.	P. O. Drawer 159 Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips Petroleum Co.	Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	1	17S	31E	Yes	12-10-81

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

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.					
10-28-81	12-21-81	4300'	3960					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4007.8	G on/SA	3622-4130	3900					
Perforations	Depth Casing Shoe							
4130-4208 - 17 holes / 4010-4062 23 holes / 3622-3808 55 holes	4300'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	665'	420 sx class C
			circulate
7 7/8"	4 1/2"	4300'	500 sx class C
			500 sx 50-50 Poz

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.)	
12-21-81	12-21-81	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
20	20	0	25

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Operator

(Title)

12-24-81

(Date)

OIL CONSERVATION DIVISION

JAN 21 1982

APPROVED

BY

SUPERVISOR, DISTRICT II

TITLE

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.

Separate Forms C-104 must be filed for each pool in multiple completed wells.