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

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

APR 12 1984

O. C. D.

ARTESIA, OFFICE

Operator ARCO Oil and Gas Company  
Division of Atlantic Richfield Company

Address  
P. O. Box 1710, Hobbs, New Mexico 88230

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. L. Keel "B"	Well No. 32	Pool Name, Including Formation Grayburg Jackson (QGSA)	Kind of Lease State, Federal or Fee Fed	Lease No. LC-029435b
Location Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East Line of Section 6 Township 17S Range 31E , 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"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, N.M. 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1959, Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 8	Twp. 17	Rge. 31	Is gas actually connected? Yes	When 4/6/84

If this production is commingled with that from any other lease or pool, give commingling order number: PC-612

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12/22/83	Date Compl. Ready to Prod. 1/16/84	Total Depth 3650'		P.B.T.D. 3560'					
Elevations (DF, RKB, RT, GR, etc.) 3767.0' GR	Name of Producing Formation Grayburg San Andres		Top Oil/Gas Pay 3171' 8-10-83		Tubing Depth 3012' 3-10-83				
Perforations 3171, 73, 78, 82, 3256, 62, 64, 66, 3390, 96, 98, 3413, 16, 3418, 3003, 07, 14, 3017, 3067, 69, 71, 76, 78, 80, 95, 3097'		Depth Casing Shoe 3650'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	14" cond pipe		30'		2 yds Redi-mix				
12 1/4"	8-5/8" OD		550'		350 sx				
7-7/8"	5 1/2" OD		3650'		2300 sx				
	2-7/8" OD		3473'						

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)

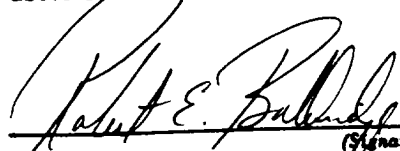
Date First New Oil Run To Tanks 1/10/84	Date of Test 4/9/84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 50#	Casing Pressure 650#	Choke Size 64/64"
Actual Prod. During Test 97 bbls	Oil - Bbls. 26	Water - Bbls. 71	Gas - MCF 23

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.

  
(Signature)

Drlg Engr.

(Title)

4/10/84

(Date)

OIL CONSERVATION COMMISSION

APR 23 1984

APPROVED \_\_\_\_\_, 19

BY Original Signed By

Leslie A. Clements

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 multiply completed wells.