

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION	Form C-104
DISTRIBUTION		REQUEST FOR ALLOWABLE	
SANTA FE	<input checked="" type="checkbox"/>	AND	RECEIVED-BM
FILE	<input checked="" type="checkbox"/>	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	MAR -4 1985
U.S.G.S.			O. C. D.
LAND OFFICE			ARTESIA, OFFICE
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>		
OPERATOR	<input checked="" type="checkbox"/>		
PRORATION OFFICE			

Operator	ARCO Oil and Gas Company Division of Atlantic Richfield Company
Address	P. O. Box 1710, Hobbs, New Mexico 88240
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"/>
Casinghead GAS MUST NOT BE FLARED AFTER 4-6-85 UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED	

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jackson Federal	1	Wildcat Cisco	State, Federal or Fee Fed	LC-028775-b
Location				
Unit Letter	C	660 Feet From The North Line and 2310 Feet From The West		
Line of Section	35	Township 17S	Range 29E	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 Refining Company	Box 159, Artesia, N.M. 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)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	C	35	17S	29E
Is gas actually connected?	No	When	As soon as battery is installed	

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						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
10/19/84	1/30/85		11,383'		10,118'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
3548.8' GR	Cisco		9185'		9110'				
Perforations					Depth Casing Shoe				
9185-9215'					11,383'				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8" OD	376'	650
11"	8-5/8" OD	3224'	2600
7-7/8"	5 1/2" OD	11383'	1000
	2-7/8" OD	9110'	

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.)	
1/28/85	2/26/85	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	480#	Pkr	19/64"
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
342 bbls	339	3	427

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED MAR 6 1985	
Dulc. Engr.		Original Signed By	
(Signature)		Leslie A. Clements	
(Title)		Supervisor District II	
2-27-85		TITLE	
(Date)		This form is to be filed in compliance with RULE 1104.	
		If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.	
		All sections of this form must be filled out completely for all wells on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.	
		Separate Forms C-104 must be filed for each pool in multi-completed wells.	