

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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FILE		<input checked="" type="checkbox"/>
U.S.G.S.		<input checked="" type="checkbox"/>
LAND OFFICE		<input checked="" type="checkbox"/>
TRANSPORTER	OIL	<input checked="" type="checkbox"/>
	NATURAL GAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>
PRODUCTION OFFICE		<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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SANTA FE

JAN 24 1986

O. C. D.
ARTESIA, NEW MEXICO

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry 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 "A"	Well No. 16	Pool Name, including Formation Grayburg Jackson SP-2-A-SF	Kind of Lease State, Federal or Fee Federal	Lease No. LC-029435
Location Unit Letter F ; 2080 Feet From The North Line and 1700 Feet From The West Line of Section 7 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 Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, New Mexico 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, Texas 79702	
If well produces oil or liquids, give location of tanks. Unit B Sec. 7 Twp. 17 Rge. 31	Is gas actually connected? Yes	When 12/24/85

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Robert Dickins
(Signature)
Services Supv.
(Title)
1/22/86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 29 1986, 19
BY Original Signed By
Les 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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded 11/25/85	Date Compl. Ready to Prod. 12/19/85		Total Depth 3600'		P.B.T.D. 3580'				
Elevations (DF, RKB, RT, CR, etc.) 3730.5' RKB	Name of Producing Formation Grayburg Jackson		Top Oil/Gas Pay 2931'		Tubing Depth 3231'				
Perforations 2931-3209'						Depth Casing Shoe 3592'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/4"	13-3/8"		503'		1100				
11"	8-5/8"		1557'		800				
7-7/8"	5 1/2"		3592'		800				
	2-7/8"		3231'						

V. 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 12/01/85	Date of Test 12/25/85	Producing Method (Flow, pump, gas lift, etc.) Flwg	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure 125	Choke Size 24/64"
Actual Prod. During Test	Oil - Bbls. 164	Water - Bbls. 10	Gas - MCF 59

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size