

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator ARCO Oil and Gas Company ✓

Address P.O. Box 1610, Midland, Texas 79702

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain) CASINGHEAD GAS MUST NOT BE PLACED AFTER 3-26-86

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>J. L. Keel "B"</u>	Well No. <u>33</u>	Pool Name, including Formation <u>Grbg Jackson QGSA</u>	Kind of Lease <u>Federal</u>	Lease No. <u>LC 029435-B</u>
Location				
Unit Letter <u>A</u>	<u>860</u>	Feet From The <u>North</u>	Line and <u>860</u>	Feet From The <u>East</u>
Line of Section <u>6</u>	Township <u>17S</u>	Range <u>31E</u>	NMPM, <u>Eddy</u>	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"/> <u>Texas- New Mexico Pipe Line Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2528, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1959, Midland, Texas 79702</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>C 8 17S 31E</u>	<u>No 2-12-86</u>

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.

Barry L. Easnell
(Signature)
Engr. Tech. Spec. 915-684-0312
(Title)
2-7-86
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 21 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'v.	Diff. Res'v.
Date Spudded 12-27-85	Date Compl. Ready to Prod. 1-28-86	Total Depth 3553			P.B.T.D. 3465				
Perforations (DF, RKB, RT, CR, etc.) 3780.7 RKB	Name of Producing Formation Grby Jackson QGSA	Top Oil/Gas Pay 3208 3160			Tubing Depth 2914				
Perforations 3208-3193 3160						Depth Casing Shoe 3553			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8		415		900 Circ cmt				
12-1/4"	9-5/8		2704		1375 Circ cmt				
8-3/4"	7		3553		550 Circ cmt				
	235		2914						

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 1-26-86	Date of Test 1-4-86	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 5	Casing Pressure 0	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 31	Water - Bbls. 384	Gas - MCF 1

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