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| | GAS / |
| OPERATOR | / |
| PRORATION OFFICE | |

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-11
Effective 1-1-65

APR 11 1979

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 ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change in Operator Name effective: 4-1-79

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---|-----------------------|--|---|
| Lease Name W. Red Lake Unit | Well No. 30 | Pool Name, Including Formation Red Lake Q-G-SA | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter N : 330 Feet From The South Line and 2310 Feet From The West Line of Section 4 , Township 18S Range 27E , 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"/> Navajo Refining & Pipeline Division | Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, N.M. 88210 | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company | Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762 | | |
| If well produces oil or liquids, give location of tanks. | Unit B | Sec. 7 | Twp. 18S |
| | | | Rge. 27E |
| | | | Is gas actually connected? Yes |
| | | | When unknown |

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded No Change | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Pool | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 No Change | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

GAS WELL

| | | | |
|----------------------------------|-----------------|----------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | 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.

George H. Parks
(Signature)

District Prod & Drlg Supt.
(Title)

3/27/79

OIL CONSERVATION COMMISSION

APPROVED **APR 11 1979**, 19

BY **W. A. Lussert**

TITLE **SUPERVISOR, DISTRICT II**

This form is to be filled in compliance with RULE 11.4.
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 11.1.
All sections of this form must be filled out completely for allowable on new and recompleted wells.