FILE / / / AND Effective U.S.G.S. AND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. AND OFFICE OPERATOR / MAR 2.9 1977 I. PRORATION OFFICE MAR 2.9 1977 OPERATOR / New Yes OPERATOR / MAR 2.9 1977 I. PRORATION OFFICE MAR 2.9 1977 Operator V O.C.C. Address ARTESIA, OFFICE P. O. Box 2409, Hobbs, New Mexico 88240 Recompletion OII Change in Transporter of: Recompletion OII Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner IS OBTAINED II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Furnation II. DESCRIPTION OF WELL AND LEASE State, Federal or Fee	DT BE 7 Fule 306
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P. O. Box 2409, Hobbs, New Mexico 88240 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Change in Ownership Casinghead Gas Condensate Change in Transporter of: Recompletion Oil Change in Ownership Casinghead Gas Condensate Condensate If change of ownership give name and address of previous owner IS OBTAINED II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Fumation Kind of Lease State, Federal or Fee Lease Name Well No. Pool Name, Including Fumation Arnquist Estate 3 Undesignated State, Federal or Fee	7 Fule 306
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Recompletion Oil Dry Gas CASING HEAD GAS MUST NO Change in Ownership Casinghead Gas Condensate CLANED AFTER 5-4-7 If change of ownership give name and address of previous owner IS OBTAINED UNLESS AN EXCEPTION TO	7 Fule 306
and address of previous owner IS OBTAINED II. DESCRIPTION OF WELL AND LEASE State Lease Name Well No. Arnquist Estate 3 Undesignated State, Federal or Fee Location State, Federal or Fee	y
II. DESCRIPTION OF WELL AND LEASE Lease Name Arnquist Estate 3 Undesignated Location Kind of Lease State, Federal or Fee	
Lease Name Well No. Pool Name, Including Formation Kind of Lease Arnquist Estate 3 Undesignated Sources State, Federal or Fee Location State Fee Fee	Lease No.
	l
Unit LetterFeet From TheLine andFeet From The	
Line of Section 29 Township 18S Range 26E , NMPM, Eddy	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Norme of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this for Permian Corporation Permian Corporation P.O. Box 3119, Midland, Texas 7970	
Nome of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this for	
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Pge. Is gas actually connected? NO	
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA	٠
Designate Type of Completion – (X) X X	ne Res'v. Diff. Res'v.
Date SpuddedDate Compl. Ready to Prod.Total DepthP.B.T.D.2-9-773-4-772763'2715'	······
	L402'
Perforations Depth Casing Sh 1472-1622', 26 holes 2	2763 '
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS	
<u>17 1/2" 13 3/8" 310' 360 C1</u>	
	300 Class C
	Class C.Poz.A
2 3/8" 1402	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test D	to or exceed top allow
Date First New Off Run To TanksDate of TestProducing Method (Flow, pump, gas lift, etc.)3-4-773-23-77Pump	
Length of TestTubing PressureCasing PressureChoke Size24 hours5 psi	a fer +
Actual Prod. During TestOil-Bbls.Water-Bbls.Gas-MCF57 bbls.164115	TP-F
GAS WELL	
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condens	neate
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMIS	
I hereby certify that the rules and regulations of the Oil Conservation APPROVEDA	, 19
TITLE SUPERVISOR, DISTRICT. IL	
This form is to be filed in compliance with p I only Rovaceure I If this is a request for allowable for a newly	drilled or deepened
(Signetwe) Petroleum Engineer with RUL	E 111.
(Title) March 25, 1977 (Date) All sections of this form must be filled out co able on new and recompleted wells. Fill out only Sections I, II. III, and VI for well name or number, or transporter, or other such co	
(Date) well name or number, or transporter, or other such c	mente or condition

REPTIVED

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MATER 1977 CIL C. M. L. H. COMM. NULLS, M. M.

L O DRILLING COMPANY

P. O. Box 709 ARTESIA, NEW MEXICO 88210

PHONE: 505-748-2938

ARNQUEIST ESTATE # 3 DEVIATION SURVEY

310'	1 4
610.	14
1210'	1
1700	<u>1</u> 2
2272	12
2770	3/4

TOOL PUSHER: JOE MACK COX

L. O. DRILLING COMPANY L. L. LIVEOAK

STATE OF NEW MEXICO COUNTY:

SUBSCRIBED AND SWORN BEFORE ME THIS 25 DAY OF Feb. 19 .77. Margues Ma

REF NED MAT 8 1977 OIL CONSERVAL OF COMM. HOBBS. N. M.

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