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OPERATOR		/
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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-110
Effective 1-1-65

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I. Operator **BEARING SERVICE & SUPPLY CO., INC.**
Address **P.O. BOX 100, ARTESIA, N.M. 88210**
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 state in detail) **CASINGHEAD GAS MUST NOT BE FLARED AFTER 2-1-78 UNLESS AN EXCEPTION TO Rule 306 IS OBTAINED**
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name ARCO HONDO	Well No. 1	Pool Name, Including Formation Shugart (Y. SR. O. G.)	Kind of Lease State, Federal or Fee State	Lease No. B-2023
Location Unit Letter A ; 330 Feet From The FEL Line and 330 Feet From The FNL Line of Section 36 Township 18 S Range 30 E , 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"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1183, HOUSTON, TEXAS 77001			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	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 A	Sec. 36	Twp. 18	Rge. 27
	Is gas actually connected?		When	
	No		Never	

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 7/14/77	Date Compl. Ready to Prod. 11/3/77		Total Depth 3410		P.B.T.D. 2875'			
Elevations (DF, RKB, RT, GR, etc.) GR-3655	Name of Producing Formation Yates & Seven Rivers		Top Oil/Gas Pay 2472'		Tubing Depth 2650'			
Perforations 2 SPF: 2472-2478: 2542-2550: 2096-2097; 3248-3254-3252-3250					Depth Casing Shoe 3412			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8 20#		787'		350 Sks.			
7 7/8"	5 1/2" 17#		3410'		825 Sks.			

V. 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)

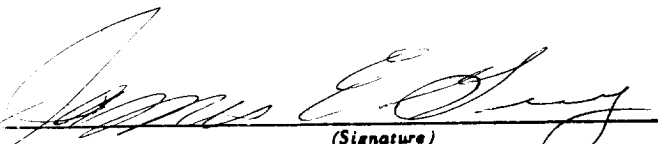
Date First New Oil Run To Tanks 11/2/77	Date of Test 11/3/77	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -0-	Casing Pressure -5#	Choke Size Post 1 1/2" 100' 100'
Actual Prod. During Test 10	Oil-Bbls. 10	Water-Bbls. 0	Gas-MCF TSTM

GAS WELL

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


Partner

(Title)

12/6/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 8 1977**
BY **W.A. Gressitt**
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.