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-	DISTRIBUTION	_		h 1 == 141	MENIO	0011 0	ONCEDI				
-	SANTAFE	(NEW			ONSERV FOR AL				
	FILE	7			KE	WUE'S I	AND				
	U.S.G.S.		AUTUC	10174	TION :	TO TO	NSPOR				
	LAND OFFICE		AUTHO	KIZA	HON	IO INP	1131 01				
	TRANSPORTER GAS										
	OPERATOR V										
1.	PRORATION OFFICE										
••	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 X Change in Transporter of:										
	Recompletion		011			Dry Go	ıs				
	Change in Ownership		Casinghe	ad Gas		Conde	nsate				
	If change of ownership give name and address of previous owner										
11.	DESCRIPTION OF WELL AN	D LEA	Well No.	Pool N	Jame, In	cluding F	ormation				
	West Red Lake Unit		32				Grbg				
	Location		32	recu .	dare	queen	CIUS				
	= ·	980	_Feet Fro	om The	Nort	hLi	ne and				
	Line of Section 8	Townshi	18S	,	R	ange	27E				
II.	DESIGNATION OF TRANSPO	RTER	OF OIL	AND	NATU	RAL G	4S				
	Name of Authorized Transporter of	911 🖎	or C	Condens	ate 🗀		Addres				
	Navajo Pipeline	Con					Box				
	Name of Authorized Transporter of	Casingh	ad Gas 🛚	or	Dry Ga	s	Addres				
	Phillips Petroleum Co	0.					4001				
	If well produces oil or liquids,	Uni	t Sec	,	Twp.	Rge.	ls gas				
	give location of tanks.	<u> </u>		7	18	27	Yes				

DISTRIBUTION		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-116				
SANTA FE FILE	REQUEST F	FOR ALLOWABLE AND	Effective 1-1-65				
U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL	_ GAS				
LAND OFFICE	AUTHORIZATION TO TRAI	NO ON TOLE AND MATORIA					
TRANSPORTER OIL							
GAS GAS			RECEIVED BY				
OPERATOR V			FFD 0.1.100.4				
PRORATION OFFICE			FEB 0 1 1984				
•	Gas Company	•	O C. D.				
Division of Atlant	ic Richfield Company		ARTESIA, OFFICE				
P 0 Pox 1710 Ho	bbs, New Mexico 88240		ARTESIA, OTTICE				
Reason(s) for filing (Check proper	box)	Other (Please explain)					
New Well	Change in Transporter of:						
Recompletion	Oil Dry Gas	5 .					
Change in Ownership	Casinghead Gas Condens	sate					
If change of ownership give nam	e						
and address of previous owner _							
DESCRIPTION OF WELL AN	ID I EASE						
. DESCRIPTION OF WELL AN	Well No. Pool Name, Including Fo						
West Red Lake Unit	32 Red Lake Queen	Grbg SA State, Fe	deral or Fee Fed NM-7713				
Location							
Unit Letter H ; 1	980 Feet From The North Line	e and 660 Feet Fr	om The <u>East</u>				
J. 221103			Eddy County				
Line of Section 8	Township 18S Range	27E , NMPM,	Eddy County				
	OF OUT AND NAMED AT CA	c					
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL GA	Address (Give address to which a	pproved copy of this form is to be sent)				
Navajo Pipeline		Box 175, Artesia, Ne	w Mexico 88210				
Name of Authorized Transporter of	Casinghead Gas X or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)				
Phillips Petroleum (4001 Penbrook, Odess					
If well produces oil or liquids,	Unit Sec. Twp. Rge. Is gas actually connected? When						
give location of tanks.	B 7 18 27	Yes	12/29/83				
If this production is commingled	with that from any other lease or pool,	give commingling order number:					
COMPLETION DATA		New Well Workover Deeper	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Designate Type of Compl		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
11/29/83	1/13/84	2156'	2109'				
Elevations (DF, RKB, RT, GR, et	c.j Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
3493.3' GR	Grayburg SA	1953'	1972 Depth Casing Shoe				
Perforations			2156'				
1953-1986, 2022-2025	5, 2032–2055'	D CEMENTING RECORD	2130				
	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT				
HOLE SIZE	14"	30'	2½ yds Redi-mix				
1713"	8-5/8" OD	353'	300 sx + 1 yd Redi-mix				
7-7/8"	5½'' OD	2156'	625 sx				
	2-3/8" OD	1972'					
V. TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be c	after recovery of total volume of load	d oil and must be equal to or exceed top allow				
OIL WELL	uote joi titta si	epth or be for full 24 hours) Producing Method (Flow, pump, a	as lift, etc.)				
Date First New Oil Run To Tanks			1052-3-01				
12/18/83	1/26/84 Tubing Pressure	Pump Casing Pressure	Choke Size				
Length of Test 24 hrs	I while Linnama	- -	- Kurt				
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas • MCF				
119 bbls	75	× 44	49				
			<u> </u>				
GAS WELL			Gravity of Condensate				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity or Condensate				
		Casing Pressure (Shut-in)	Choke Size				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Control Liangua Course and					
			RVATION COMMISSION				
VI. CERTIFICATE OF COMPL	CERTIFICATE OF COMPLIANCE Thereby 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.						
			0 6 1984				
			Lellama				
above is true and complete t			BY				
		TITLE OIL AND GAS INSPECTOR This form is to be filed in compliance with RULE 1104.					
7111	2						
		11 VIVED TANK WA 12 22 400 -	=				

VI.

•	<i>.</i> *				
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120 012 January	0				
Toland . americ					
(Signature)					
Drlg. Engr.					

1/31/84 (Date) 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