

OIL CONSERVATION DIVISION  
P. O. BOX 2688  
SANTA FE, NEW MEXICO 87504  
REQUEST FOR ALLOWABLE TESTS, OFFICE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY  
MAR 13 1984  
O. C. D.

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SANTA FE	<input checked="" type="checkbox"/>
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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	
GAS	
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator  
CASA PETROLEUM, INC. ✓

Address  
105 North Sixth Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

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

Other (Please explain)  
Request Testing Allowable of 2000 BO for month of March, 1984.  
Perfs:2504-2514 Seven Rivers

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name ARCO	Well No. 1	Pool Name, Including Formation Sugart, Seven Rivers	Kind of Lease State, Federal or Fee State	Lease No. 78-1
Location Unit Letter B : 330 Feet From The North Line and 2310 Feet From The East Line of Section 36 Township 18 S Range 30 E , NMPM, Eddy County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co. ARCO PETROLEUM PRODUCTS COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1610 Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NA	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 B Sec. 36 Twp. 18 S Rge. 30 E Is gas actually connected? No When

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2/24/84	Date Compl. Ready to Prod. 3-4-84	Total Depth 2560	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.) 3557 KB	Name of Producing Formation Seven Rivers	Top Oil/Gas Pay 2500 2504	Tubing Depth					
Perforations 2504 - 14 Two shots per foot	Depth Casing Shoe 2560							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8		DEPTH SET 800'		SACKS CEMENT circ			
7 7/8	4 1/2		2560'		150 sks			

IV. 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 3/6/84	Date of Test 3/11/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 0	Choke Size Open
Actual Prod. During Test 60	Oil-Bbls. 65	Water-Bbls. 0	Gas-MCF TSTM

GAS WELL

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

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 above is true and complete to the best of my knowledge and belief.

*Bernard Kow*  
(Signature)  
Secretary  
(Title)  
3/12/84  
(Date)

OIL CONSERVATION DIVISION  
APPROVED MAR 14 1984  
BY Original Signed By  
Leslie A. Clements  
Supervisor District II  
TITLE  
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.