

RECEIVED BY

JUN 27 1984

O. C. D.  
ARTESIA, OFFICE

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		✓
FILE		✓
U.S.G.S.		✓
LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRODUCTION OFFICE		✓

I. Operator Arlen Dickson

Address P.O. Box 50160, Midland, Texas 79710

Reason(s) for filing (Check proper box)

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

Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 8-29-84 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 <u>Exxon</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Artesia Queen GR-SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-11539</u>
Location Unit Letter <u>M</u> ; <u>860</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>18-S</u> Range <u>28-E</u> , NMPM, <u>Eddy</u> 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"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 159, Artesia, N.M. 88210</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks. Unit <u>M</u> Sec. <u>9</u> Twp. <u>18-S</u> Rge. <u>28-E</u>	Is gas actually connected? <u>No</u> When <u>--</u>

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

NOTE: Complete Parts IV and V on reverse side if necessary.

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

Marlysa K. Reynolds  
(Signature)  
Consultant  
(Title)  
6/22/84  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 29 1984 ..19

Original Signed By Leslie A. Clements  
BY \_\_\_\_\_  
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.

Post ID 2  
6-29-84  
comp + BK

**IV. COMPLETION DATA**

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5/15/84	Date Compl. Ready to Prod. 6/10/84		Total Depth 2548'			P.B.T.D. 2495'			
Elevations (DF, RKB, RT, GR, etc.) 3626 GR	Name of Producing Formation Grayburg		Top Oil/Gas Pay 2184'			Tubing Depth 2439'			
Perforations 2184; 2185; 2223, 24, 31, 48, 49, 50, 96, 97; 2303, 52, 53, 54, 85, 89; 2400, 06, 07, 08.						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4"		8 5/8" 24#		357'			300 Sacks		
7 7/8"		4 1/2" 10.50#		2548'			355 Sacks		
		2 3/8		2439					

**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 6/12/84	Date of Test 6/19/84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -----	Casing Pressure -----	Choke Size Pump
Actual Prod. During Test	Oil - Bbls. 18	Water - Bbls. 10	Gas - MCF N/A

**GAS WELL**

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