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State of New Mexico
En , Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

APR 27 '89
ARTESIA, OFFICE

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

| | | |
|---|--|--------------|
| Operator ARCO OIL AND GAS COMPANY | | Well API No. |
| Address Box 1610, Midland, Texas 79702 | | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|---|--|----------------------------|
| Lease Name State "2" | Well No. 1 | Pool Name, including Formation Shugart Yts 7RQG | Kind of Lease <u>State</u> Federal or Fee | Lease No. K-6852 |
| Location Unit Letter E : 1855 Feet From The North Line and 660 Feet From The West Line Section 2 Township 19S Range 30E , 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"/> Koch Services | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, Texas 76024 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Phillips 66 Nat'l Gas Co. | Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79760 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 2 | Twp. 19S | Rge. 30E | Is gas actually connected? Yes | When ? 4-24-89 |

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 type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input checked="" type="checkbox"/> | Same Res'v <input type="checkbox"/> | Diff Res'v <input checked="" type="checkbox"/> |
| Date Spudded 4-6-89 | Date Compl. Ready to Prod. 4-22-89 | | Total Depth 12,184 | | P.B.T.D. 4,420 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3464.2 GR | Name of Producing Formation Queen | | Top Oil/Gas Pay 2,980 | | Tubing Depth 2,971 | | | |
| Perforations 2980-3020, 3110-3150 | | | | | Depth Casing Shoe 12,184 | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 17 1/2 | CASING & TUBING SIZE 13-3/8 | | DEPTH SET 484 | | SACKS CEMENT 650 | | | |
| 11 | 8-5/8 | | 3940 | | 1650 | | | |
| 7 7/8 | 5-1/2 | | 9030 | | 900 | | | |
| | 2-3/8 | | 2971 | | Part ID-2 | | | |

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 Tank 8-24-89 | Date of Test 8-25-89 | Producing Method (Flow, pump, gas lift, etc.) Flowing | |
| Length of Test 8 hrs | Tubing Pressure 55 | Casing Pressure --- | Choke Size 30/64 |
| Actual Prod. During Test | Oil - Bbls. 95 | Water - Bbls. 90 | Gas - MCF 25 |

GAS WELL

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

VI. OPERATOR 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.

Ken W. Gosnell
Signature
Ken W. Gosnell Engr. Tech.
Printed Name
4-26-89 Title
Date
915/688-5672 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 28 1989**

By Original Signed By
Mike Williams

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.