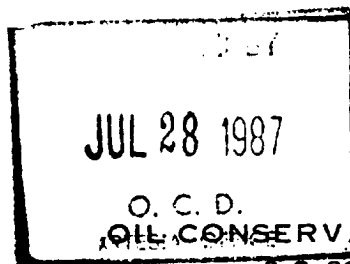


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT



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

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TRANSPORTER	<input checked="" type="checkbox"/>	
OPERATOR	<input checked="" type="checkbox"/>	
PRODUCTION OFFICE	<input type="checkbox"/>	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. Operator**  
ARCO Oil & Gas Company

**Address**  
Box 1610, Midland, TX 79702

**Reason(s) for filing (Check proper box)**

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

**Other (Please explain)**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Baish Federal	Well No. 1	Pool Name, including Formation N. Shugart - Bone Springs	Kind of Lease <del>LEASE</del> Federal <del>LEASE</del> LC 029389(a)	Lease No.
<b>Location</b> Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>18S</u> Range <u>31E</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"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	Box 838, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco, Inc.	Box 460, Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit B Sec. 9 Twp. 18S Rge. 31E	Yes 7-8-87

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.

Ken W. Gosnell  
(Signature)  
Engr. Tech. (915) 688-5672  
(Title)  
7-23-87  
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 10 1987, 19 \_\_\_\_\_  
BY \_\_\_\_\_ Original Signed By  
Les A. Clements  
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.

#### 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 5-25-87	Date Compl. Ready to Prod. 7-16-87		Total Depth 8800		P.B.T.D. 8710				
Elevations (DF, RKB, RT, GR, etc.) RKB 3734.7	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8066		Tubing Depth 8632				
Perforations 8066-8590						Depth Casing Shoe 8800			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8		690		900 Circ				
12-1/4	8-5/8		2151		1325 Circ				
7-7/8	5-1/2		8800		1860 Circ				
	2-7/8		8632						

#### 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 6-28-87	Date of Test 7-21-87	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 21.5	Tubing Pressure 50	Casing Pressure 55	Choke Size
Actual Prod. During Test	Oil - Bbls. 152	Water - Bbls. 43	Gas - MCF 84

#### 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