

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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O. C. D.
ARTESIA, OFFICE
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

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) Other (Please explain)

<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

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Baish Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Shugart-Bone Spring, North</u>	Kind of Lease <u>State, Federal or Foreign</u>	Lease No. <u>LC029389-A</u>
Location				
Unit Letter <u>B</u>	<u>660</u>	Feet From The <u>North</u>	Line and <u>1980</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)
<u>Permian Corporation</u>	<u>Box 838, Hobbs, NM 88240</u>
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)
<u>Conoco, Inc.</u>	<u>Box 460, Hobbs, NM 88240</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>B</u> Sec. <u>9</u> Twp. <u>18S</u> Rge. <u>31E</u>	<u>Yes</u> <u>5-23-87</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.

Ken W. Gosnell
(Signature)
Engr. Tech 915/688-5672
(Title)
5-26-87
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY 29 1987, 19_____
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

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 3-8-87	Date Compl. Ready to Prod. 5-18-87		Total Depth 8750		P.B.T.D. 8730				
Elevations (DF, RKB, RT, GR, etc.) RKB 3732.2	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 8287		Tubing Depth 8201				
Perforations 8287-8678						Depth Casing Shoe 8750			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8		696		900 Circ				
11	8-5/8		2165		700 Circ				
7-7/8	5-1/2		8750		1800 2150-TS				
	2-7/8		8201						

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) Pumping equipment has been installed, however the method for this test is "flowing"

Date First New Oil Run To Tanks 5-18-87	Date of Test 5-21-87	Producing Method (Flow, pump, gas lift, etc.) installed, however the method for this test is "flowing"	
Length of Test 24 hrs	Tubing Pressure 65	Casing Pressure 50	Choke Size NA
Actual Prod. During Test	Oil-Bbls. 471	Water-Bbls. 47	Gas-MCF 226

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