

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

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OCT 27 '87

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.
ARTESIA OFFICE

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"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 2/3/88
UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED X

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State "2"</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Shugart Queen GRAYEV</u>	Kind of Lease <u>(State)</u> Federal or Fee	Lease No. <u>NM4681</u>
Location Unit Letter <u>C</u> : <u>400</u> Feet From The <u>North</u> Line and <u>2250</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>19 S</u> Range <u>30 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>Koch Services, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1200, Hobbs, NM 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <u>C</u>	Sec. <u>2</u>
	Twp. <u>19 S</u>	Rge. <u>30 E</u>
	Is gas actually connected? <u>NO</u>	
	When <u>11-6-87</u> <u>comp & BHT</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)
10-26-87
(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 30 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 9-12-87	Date Compl. Ready to Prod. 10-21-87		Total Depth 3860		P.B.T.D. 3776				
Elevations (DF, RKB, RT, GR, etc.) 3523.7 GR	Name of Producing Formation Queen		Top Oil/Gas Pay 3144		Tubing Depth 3095				
Perforations 3144 - 3156						Depth Casing Shoe 3860			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		636		450				
7 7/8	5 1/2		3860		1250				
	2 3/8		3095						

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 10-14-87	Date of Test 10-25-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 47	Water - Bbls. 23	Gas - MCF 42

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