

JUN 13 '88

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104, C. D.  
Revised 10-01-78  
Format 06-01-83  
ARTESIA OFFICE  
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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator ARCO Oil & Gas Company	
Address Box 1610, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate
CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>9/5/88</u>	

If change of ownership give name  
and address of previous ownerEXEMPTION FROM  
THE B.L.M. IS OBTAINED

## II. DESCRIPTION OF WELL AND LEASE

Tamao

Lease Name Swearingen Deep 14 Fed.	Well No. 1	Pool Name, including Formation <del>Wildcat</del> - Bone Springs	Kind of Lease State, Federal or Foreign <u>NM-28096</u>	Lease No.
Location				
Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>14</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)	
Koch Oil Company	P.O. Box 1558, Breckenridge, Texas 76024	
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)	
	Post ID-2	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	N	14
	Twp.	Rge.
	18S	31E
Is gas actually connected?	When	
NO	7-8-88	comp + BK

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)  
6-10-88  
(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 29 1988, 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 deepener  
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 allow  
able 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 conditionSeparate Forms C-104 must be filed for each pool in multipl  
completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 4-9-88	Date Compl. Ready to Prod. 6-3-88	Total Depth 9340			P.B.T.D. 9294				
Elevations (DF, RKB, RT, GR, etc.) 3708.2 RKB 3694.2 GR	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 9241			Tubing Depth 9119				
Perforations 9241-9253						Depth Casing Shoe 9340			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2	13 3/8		423		600				
11	8 5/8		2397		1250				
7 7/8	5 1/2		9340		1950				

#### 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 5-28-88	Date of Test 6-6-88	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 80	Casing Pressure pkr	Choke Size 24/64
Actual Prod. During Test	Oil - Bbls. 234	Water - Bbls. 17	Gas - MCF 305

#### GAS WELL

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