

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO Oil & Gas Company	Well API No. 30-015-26332
Address Box 1610, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 2	Well No. 4	Pool Name, Including Formation Shugart Yts SRQGR	Kind of Lease State Federal or Fee	Lease No. NM-4681
Location Unit Letter L : 2184 Feet From The South Line and 391 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 Koch Services	or Condensate	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1200, Hobbs, NM 88240				
Name of Authorized Transporter of Casinghead Gas Phillips 66 Natural Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 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? 10-8-90

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-11-90	Date Compl. Ready to Prod. 6-7-90	Total Depth 3300	P.B.T.D. 3252					
Elevations (DF, RKB, RT, GR, etc.) 3488.6 GR	Name of Producing Formation Queen	Top Oil/Gas Pay 2928	Tubing Depth 2906					
Perforations 2928-3063			Depth Casing Shoe 3300					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	700	750 SX					
12 1/4	8 5/8	2025	930 SX					
7 7/8	5 1/2	3300	610 SX					
	2 3/8	2906						

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 6-8-90	Date of Test 6-10-90	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 160	Casing Pressure pkr	Choke Size 18/64
Actual Prod. During Test	Oil - Bbls. 93	Water - Bbls. 39	Gas - MCF 59

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 Regulatory Coordinator
Printed Name
6/14/90
Date
915 688-5672
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 19 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.