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

State of New Mexico  
Energy, Minerals and Natural Resources Department

RECEIVED

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

OIL CONSERVATION DIVISION

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

OCT 9 '90

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

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

D. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO Oil & Gas Company ✓	Well API No. 30-015-26463
Address Box 1610 Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "2"	Well No. 5	Pool Name, including Formation Shugart YTS SRQ GB	Kind of Lease <u>State</u> , Federal or Fee	Lease No. N1-4681
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>19S</u> Range <u>30E</u> , NMPM, EDDY 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"/> Koch Services	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Peubrook Odessa, TX 79760	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 2
	Tw. 19S	Rge. 30E
	Is gas actually connected? Yes	When? 10-3-90

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 9-11-90	Date Compl. Ready to Prod. 9-28-90		Total Depth 3200		P.B.T.D. 3154			
Elevations (DF, RKB, RT, GR, etc.) 3409 GR 3420.6 KB	Name of Producing Formation Queen		Top Oil/Gas Pay 2899		Tubing Depth 2858			
Perforations 2899-2929					Depth Casing Shoe 3200			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		685		1100			
12 1/4	8 5/8		1855		800			
7 7/8	5 1/2		3200		550			
	2 3/8		2858					

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 9-29-90	Date of Test 10-4-90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 500	Casing Pressure PKR	Choke Size 15/64
Actual Prod. During Test	Oil - Bbls. 82	Water - Bbls. 37	Gas- MCF 378

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  
10-5-90  
Date  
915 688-5672  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved OCT 17 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.