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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes Old O-104 and O-110
 Effective 1-1-65

RECEIVED

MAR 14 1979

I. OPERATOR
 Operator: **ARCO Oil and Gas Company -**
Division of Atlantic Richfield Company

Address: **P. O. Box 1710, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain): **Change in Operator Name effective: 4-1-79**

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

O. C. C.
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **G. Conley Federal** Well No.: **1** Pool Name, including Formation: **Avalon Morrow Gas** Kind of Lease: **Federal**

Location: Unit Letter **0**; **660** Feet From The **South** Line and **1980** Feet From The **East** Line of Section **33**, Township **20S** Range **27E**, NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : **The Permian Corporation** Address (Give address to which approved copy of this form is to be sent): **P.O. Box 1183, Houston, Texas 77001**

Name of Authorized Transporter of Casinghead Gas or Dry Gas : **Gas Co. of New Mexico** Address (Give address to which approved copy of this form is to be sent): **1st International Bldg Suite 1800, Dallas, Texas 75270**

If well produces oil or liquids, give location of tanks: Unit **0** Sec. **33** Twp. **20** Rge. **27** Is gas actually connected? **Yes** When **4-4-75**

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
No Change								

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
No Change			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

George V. Parks
 District Prod & Drilg Supt.
 3-7-79

OIL CONSERVATION COMMISSION
APPROVED APR 9 - 1979
 BY **W.A. Gressett**
 TITLE **SUPERVISOR, DISTRICT II**

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms O-104 must be filed for each pool in multiple completed wells.