

DISTRIBUTION  
SANTA FE  
FILE  
U.S.G.S.  
LAND OFFICE  
TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRODUCTION OFFICE

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

Form C-104  
Supersedes Old C-104 and C-110  
Expires 1-1-85  
RECEIVED BY  
JUL 30 1984  
O. C. D.  
ARTESIA, OFFICE

Operator ARCO Oil & 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 dry gas transporter name eff: June 1, 1984

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Kurland Federal Well No. 1 Pool Name, Including Formation West Burton Flat Strawn Gas Kind of Lease State, Federal or Fee Fed Lease No. NM-0501759  
Location Unit Letter S : 1980 Feet From The South Line and 1980 Feet From The West  
Line of Section 6 Township 21S Range 27E, NMPM, Eddy County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ The Permian Corp. 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 Company of New Mexico Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, NM 87125  
If well produces oil or liquids, give location of tanks. Unit S Sec. 6 Twp. 21 Rge. 27 Is gas actually connected? YES When 12/22/76

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) 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.)  
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 (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 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.

(Signature)  
Engrg. Tech. Spec.  
(Title)  
7/23/84  
(Date)

OIL CONSERVATION COMMISSION  
AUG 1 1984

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_  
ORIGINAL SIGNED BY LARRY BROOKS  
ORIGINAL SIGNED BY Leslie A. Clements  
Supervisor District II 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 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 multiple completed wells.