							- .,			
٢	NO. OF COPIES RECI	EIVED								
ŀ	DISTRIBUTION				NEW MEXICO OIL CONSERVATION COMMISSION					
t	SANTA FE				REQUEST FOR ALLOWABLE					
ı	FILE		1	1	AND					
ı	U.S.G.S.				AUTHORIZATION TO TRANSPOR	T OIL AND	NATURAL GA			
Ī	LAND OFFICE									
Ī	TRANSPORTER	OIL					Fi			
	INANSFORTER	GAS					V. C			
1	OPERATOR		1		, in the second					
1.	PRORATION OFFICE									
•	Operator ARCO 011 & Gas Company									
	Division of Atlantic Richfield Company									
	Address									
1	P. O. Box 1710, Hobbs, New Mexico 88240									
	Reason(s) for filing (Check proper box)									
	New Well	\mathbf{x}			Change in Transporter of:	.				
	Recompletion				Oil Dry Gas	1				
	Change in Ownershi	р			Casinghead Gas Condensate]				
į	<u></u>									
	If change of ownership give name									
	and address of pre-	vious ov	vner							
11	DESCRIPTION C	ie wei	T. A	ND	CEASE					
11.	Lease Name)I WEL	,,,,,,,,	1112	Well No. Pool Name, Including Formation		Kind of Lease			
	Pure Fe	dera1			2 Catclaw Draw Morrow	Gas	State, Federal o			
	Location	uciui.								
	Unit Letter	P	_ ;	127	Feet From The South Line and	810	Feet From Th			
	Line of Section	11		To	vaship 21S Range 25E	, NMPA	л,			
	Zine of oction									

(Title)

(Date)

2/04/81

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

-	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASAGE AND										
-	LAND OFFICE										
	TRANSPORTER OIL		FEB 0 6 1981								
}-	OPERATOR /		The state of the s								
	PRORATION OFFICE		V2. G. Z.								
1.	Operator ARCO Oil & Gas C	ompany	4500 St. 04000								
	Division of Atlanti										
t	Address										
-		bs, New Mexico 88240	TOUL (Plans and all)								
T	Reason(s) for filing (Check proper box)		Other (Please explain)	,							
-	New Well X	Change in Transporter of:									
	Recompletion	Oil Dry Gas	声 1								
Į	Change in Ownership	Casinghead Gas Condens	sate L								
,	f change of ownership give name										
	and address of previous owner										
	THE PERSON OF MINT A AND Y	MACE									
11. ;	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Leas	1							
		2 Catclaw Draw Mo	State, Federa	l or Fee Federal LC-070409							
Ì	Pure Federal 2 Catclaw Draw Morrow Gas Federal EC-0/0409										
	P 1270 m South trees 810 Feet From The Fast										
	Unit Letter			711							
	Line of Section Tow	nship Range	25E , NMPM,	Eddy County							
'											
II.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S (C) and a subject approx	und conv of this form is to be sent)							
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
			Address (Give address to which approved copy of this form is to be sent)								
	Name of Authorized Transporter of Cas		Address (Give address to which approved copy of this form is to be sent) 1st International Bldg. Suite 1800								
	Gas Company of New Mexi		Dallas, Texas 75270 Is gas actually connected? When								
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually commercial.								
	give location of tanks.		·	101 BC 2							
		h that from any other lease or pool, a	give commingling order number:								
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.							
	Designate Type of Completio		x								
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
	12/02/80	1/11/81	10,552'	10,464'							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth							
	3297.2' GR	Morrow Gas	10,216'	10,179'							
	Perforations			Depth Casing Shoe							
	10,216-10,229' & 10,	255-10,267'		10,552'							
		TUBING, CASING, AND	CEMENTING RECORD	T							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
	17½"	13-3/8" OD	4501	564 sx & 4 yds Redi-Mi							
	11"	8-5/8" OD	3500'	1650 sx							
	7-7/8"	5½" OD	10,552' 10,179'								
		2-5/8" OD		land must be equal to or exceed top allow							
V.		OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load of opth or be for full 24 hours)	l and must be equal to or exceed top allow							
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas I	ift, etc.)							
	Date Litel Man Ott Man 10 1 ame										
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size							
	Longin of too										
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF							
			1, ,								
	I										
	GAS WELL			Gravity of Condensate							
	Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	1							
	CAOF 7,304	4 pt	TSTM	48 ⁰ Choke Size							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)								
	Back press	3058#	pkr	Various							
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION								
			APPROVED MAR 0 2 1981 . 19								
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED								
,-		with and that the information given e best of my knowledge and belief.									
	MOONE IS title and complete to the		SUPERVISOR, DISTRICT II								
			TITLE								
	O - 0 - 0		This form is to be filed in	compliance with RULE 1104.							
	Journal Ichmine	\	If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation								
	(Sign	nature)	Il tests taken on the well in accordance with RULE								
	Dist. Drlg. Supt.		All sections of this form must be filled out completely for allow								

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 transporten or other such change of condition.

Separate Forms C-104 must be filled for each pool in multiply