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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION FOR PRODUCTION OF OIL AND NATURAL GAS

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

NOV 1 1971

O.C.C.

ARTESIA, OFFICE

ATTN: Production Department

Operator El Paso Natural Gas Company	
Address 600 Building of the Southwest, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name ARCO State	Well No. 1	Pool Name, including Formation West Sand Dunes - Atoka	Kind of Lease State, Federal or Fee	State State	Lease No. K1341
Location Unit Letter K ; 1947 Feet From The South Line and 1986 Feet From The West Line of Section 16 Township 23-S Range 31-E, NMPM, Eddy County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> NA	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, New Mexico					
If well produces oil or liquids, give location of tanks. NA	Unit	Sec.	Twp.	Rge.	Is gas actually connected? NO	When 12-11-71

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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 4-15-71	Date Compl. Ready to Prod. 6-8-71	Total Depth 15,000	P.B.T.D. 14,045'					
Elevations (DE, RKB, RT, GR, etc.) 3380 RT; 3358 GR	Name of Producing Formation Atoka	Top Oil/Gas Pay 13,880	Tubing Depth 12,400					
Perforations 13,880-890- 2 shots per foot (20 holes)			Depth Casing Shoe 12,444					
TUBING, CASING, AND CEMENTING RECORD								
(1) HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
26"	20"	624'	1060 sxs, circ 300 sxs					
17 1/2"	13-3/8"	4167'	3400 sxs, circ 400 sxs					
12 1/2"	9-5/8"	12,444'	3500 sxs, Top @ 2180'					
8 1/2"	7-5/8" Liner	14,153- 12,257'	1250 sxs					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

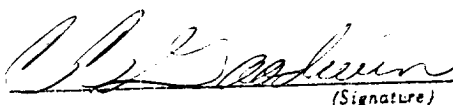
Date First New Oil Run To Tanks NA	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 3,826	Length of Test 4 hour	Bbls. Condensate/MMCF TSTM	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-In) 7257	Casing Pressure (Shut-In)	Choke Size 4 x 2.000 prover

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)

Supervisor Production Service  
(Title)

October 29, 1971  
(Date)

OIL CONSERVATION COMMISSION

APPROVED

DEC 16 1971

BY

  
OIL AND GAS INSPECTOR

TITLE

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 multiply completed wells.

(1) 21" tubing 12,400', plus 21" 12,400'.