## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

	**	
DISTRIBUTION		
SANTA PE		
FILE		
U.B.G.A.		
LAND OFFICE		
TRANSPORTER	OIL	
IMAMSPONIEN	GAS	
OPERATOR		
PROBATION OFFICE		

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 emat 06-01-83

Oll con .

TRANSPORTER GAS REQUEST FOR	· Philipping		
PROBATION OFFICE AUTHORIZATION TO TRANSPO	ORT OIL AND NATURAL GAS		
Operator ARCO Oil & Gas Co., Division of Atlantic Ric	chfield Co.		
Address			
P. O. Box 1610, Midland, TX 79702	Other (Please explain)		
Reeson(s) for filing (Check proper box)  [XX] Along Well Change in Transporter of:	Other (Fledie explain)		
Recompletion Oil Dry	Gas		
Change in Ownership Casinghead Gas X Con	ndensate  -		
If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE			
Lease Name	1		
Maddox WN Federal C. Com.   1E   Basin-Dakota -	Dakota State, Federal or Fee Federal NM 0546		
Unit Letter P : 1150 Feet From The South Line			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL  Name of Authorized Transporter of Oil  or Condensate	GAS Address (Give address to which approved copy of this form is to be sent)		
Conoco Inc.	P. O. Box 2197, Houston, TX 77252  Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas	P. O. Box 1492, El Paso, TX 79978		
El Paso Natural  If well produces oil or liquids, Unit   Sec.   Twp.   Rgs.    If well produces oil or liquids,   P   14   30N   8W	Is gas actually connected? When		
If this production is commingled with that from any other lease or pool, g			
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION  JUL 0 (1986		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.	Original Signed by FRANK T. CHAVEZ		
my successe and process.	TITLE SUPERVISOR DISTRICT TO		

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despense 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.

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IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'	
Designate Type of Completi	on – (X) X	X		
Date Soudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
12-16-85	2-21-86	6726'	6639'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
5764' KB	Dakota	6370'	6351'	
Perforations			Depth Casing Shoe	
6370'-6529' KB (MD)			6726"	
00/0 0025	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	8-5/8"	520'	350sxC1"B"Circ to surf	
7-7/8"	4-1/2"	6726'	724sx50/50+C1"B"Circ t	
7-778		964s	xLite Circ DV to surf.	
	2-3/8"	6351 '		
OIL WELL Date First New Oil Run To Tanks	Date of Test	after recovery of total volume of load oil and must be equal to or exceed top all epih or be for full 24 hows)  Producing Method (Flow, pump, gas lift, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Water - Bbie.	Gas - MCF	
Actual Prod. During Test	Oli-Bbis.			
A A SHITTY				
AS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D	3	Bbis. Condensate/MMCF () Casing Pressure (Shat-im)		
Actual Prod. Test-MCF/D 1601 Testing Method (pitot, back pr.) Back Pressure	Length of Test  3 Tubing Pressure (Shut-in) 1540 psig	0	NA NA	