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| PRORATION 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
Effective 1-1-65

| | |
|---|---|
| Operator <u>Arco Oil and Gas Company</u> | |
| Address <u>Box 570, Farmington, New Mexico</u> | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: |
| Recompletion <input checked="" 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 <u>Pierce</u> | Well No. <u>2</u> | Pool Name, including Formation <u>Isabel Delato</u> | Kind of Lease State, Federal or Fee | Lease No. |
| Location Unit Letter <u>K</u> , <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> | | | | |
| Line of Section <u>25</u> Township <u>31N</u> Range <u>1E</u> , NMPM, <u>San Juan</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>New Mexico Tankers to Pleasant</u> | <u>Box 2151, Farmington, New Mexico</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Southern Union Gathering</u> | <u>Box 325, Bloomfield, New Mexico</u> |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |

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. |
| <u>(X)</u> | | | | | | | | |
| Date Spudded <u>8-24-67</u> | Date Compl. Ready to Prod. <u>1-1-68</u> | Total Depth <u>7362</u> | P.B.T.D. <u>7077</u> | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) <u>5000 DF</u> | Name of Producing Formation <u>Isabel</u> | Top Oil/Gas Pay <u>6898</u> | Tubing Depth <u>7036</u> | | | | | |
| Perforations <u>6508-6600, 6904-08, 6980-96, 7003-05, 7008-11, 7021-70, 2 SPFA</u> | | | Depth Casing Shoe <u>7170</u> | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| <u>13-1/4"</u> | <u>10-3/4"</u> | <u>164'</u> | <u>75</u> sv | | | | | |
| <u>7-7/8"</u> | <u>5-1/2"</u> | <u>4720'</u> | <u>250</u> sv | | | | | |
| <u>4-3/4"</u> | <u>3-1/2"</u> | <u>7120'</u> | <u>164</u> sv | | | | | |
| | <u>2-1/2"</u> | <u>6780'</u> | | | | | | |

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 the 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 |
| | | | <u>NOV 5 1968</u> |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| | | | <u>OIL CON. COM. DIST. 3</u> |

GAS WELL

| | | | |
|---------------------------------------|------------------------|------------------------|-----------------------|
| Actual Prod. Test-MCF/D <u>AOE</u> | Length of Test | Water Condensate/MMCF | Gravity of Condensate |
| | | | |
| Tubing Pressure (psia) | Tubing Pressure (psia) | Casing Pressure (psia) | Choke Size |
| | | | <u>2 1/2"</u> |

VI. SIGNATURES OF COMPLAINT

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.

Joe C. Arnold
(Signature)
District Superintendent
(Title)
November 1, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED
JAN 13 1969
Original Signed by Emery C. Arnold
SUPERVISOR DIST. #3

NOTE
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.
Supersede Form C-104 and C-110 for each pool in multiply