

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.O.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator **ARCO Oil and Gas Company**
Division of Atlantic Richfield Company

Address
P. O. Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE Dual w/Eunice Mon. Grbg SA

| | | | | |
|--|----------------------|---|---|-----------|
| Lease Name W. C. Roach | Well No. 7 | Pool Name, including Formation Eumont Queen Gas | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West | | | | |
| Line of Section 21 Township 20S Range 37E , NMPM, Lea County | | | | |

II. 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) | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | |
| Northern Natural Gas Company | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. Rge. |
| | | | Is gas actually connected? Yes When 7/8/82 |

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 Add'l Zone | Workover | Deepen | Plug Back | Same Rest'v. | Diff. Rest'v. |
| | | X | | | | | | |
| Date Spudded 6/17/80 | Date Compl. Ready to Prod. 7/15/82 | Total Depth 3950' | P.B.T.D. 3939' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3508.7' GR | Name of Producing Formation Eumont Qn Gas | Top Oil/Gas Pay 3476' | Tubing Depth 3902' | | | | | |
| Perforations 3476, 89, 94, 99, 3505, 16, 22, 28, 34, 38, 43, 47, 54, 58, 71, 86, 98, 3603, 08, 14, 20' | | | Depth Casing Shoe 3950' | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---------------|----------------------|--------------|--------------|
| 11" | 8-5/8" OD | 1158' | 250 |
| 7-7/8" | 5 1/2" OD | 3950' | 1100 |
| | 2-3/8" OD | 3902' | |

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 775 | Length of Test 4-pt | Bbls. Condensate/MMCF 0 | Gravity of Condensate |
| Testing Method (shot, back pr.) back pr. | Tubing Pressure (shot-in) EMGSA zone prod thru tubing | Casing Pressure (shot-in) 258# | Choke Size Various |

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Roland P. Lawrence
(Signature)
Drlg. Engr. _____
(Title)
7/21/82 _____
(Date)

OIL CONSERVATION DIVISION
JUL 23 1982

APPROVED _____, 19____

BY _____ SIGNED BY _____
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 conditions.
Separate Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED

JUL 23 1982

A.C.B.
HOBBS OFFICE