

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-11
Effective 1-1-65

SA T A F E		
F I E		
G.S.		
L N D O F F I C E		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
D & B Oil Company, Inc.
Address
P. O. Box 4453, Odessa, Texas 79760
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒ ~~Recompletion~~
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arco	Well No. 1	Pool Name, Including Formation Sawyer	Kind of Lease State, Federal or Fee Federal	Lease No. 10063427
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>N</u> Line and <u>2180</u> Feet From The <u>EL.</u> Line of Section <u>28</u> Township <u>9-S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil	Address (Give address to which approved copy of this form is to be sent) Box 900 Ft. Worth, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> C.S. O.	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit 28	Sec. 9-S	Twp. 37E	Rge. Yes	Is gas actually connected? When 9-16-71

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.
		Gas	R.C.					
Date Spudded 11-15-70	Date Compl. Ready to Prod. 3-1-71	Total Depth 4998	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) KB 3979	Name of Producing Formation San Andres	Top Oil/Gas Pay 4920	Tubing Depth 4960					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 7 7/8	CASING & TUBING SIZE 4.5 2 3/8	DEPTH SET 4994 4960	SACKS CEMENT 225					

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 3-10-71	Date of Test 3-10-71	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test 24	Tubing Pressure 200	Casing Pressure 600	Choke Size 8/64
Actual Prod. During Test 12 0	Oil-Bbls. 20	Water-Bbls.	Gas-MCF 1000

GAS WELL

Actual Prod. Test-MCF/D 1000	Length of Test 2 1/2	Bbls. Condensate/MMCF 3.881	Gravity of Condensate 14
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in) 600	Casing Pressure (Shut-in) 900	Choke Size 8/64

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.

Edw. B. Ramey
(Signature)
Mr. Ramey
(Title)
2-18-75
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____ Orig. Signed by _____

TITLE _____ Joe D. Ramey _____

Dist. I, Sec. _____

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.