STATE OF NEW MEXICO
ENERGY and MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Robert Griffin & Associates

Address
c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. 4-1-82

LC-063623A

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Arco Federal	2	Sawyer San Andres Assoc. R-6494	State, Federal or Fee Federal	Above

Location
Unit Letter F : 1973 Feet From The North Line and 1980 Feet From The West

Line of Section 4 Township 10S Range 38E , NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Phillips Petroleum Co. - Trucks

Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook, Odessa, Texas 79962

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]
Warren Petroleum Co.

Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1589, Tulsa, Oklahoma 74102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	4	10S	38E	Yes	3/6/82

If this production is commingled with that from any other lease or pool, give commingling order number:

III. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1/4/82	3/6/82	5000	4972

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3907 KB	San Andres	4924	4900

Perforations	Depth Casing Shoe
4924-26, 4929-32, 4936-39, 4943-62	4999

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	396	285
7 7/8	4 1/2	4999	1300
	2 3/8	4900	

IV. 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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3/6/82	3/10/82	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	–	–	–
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	72	44	80

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

V. 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.

Donna Holder
(Signature)
Agent
(Title)
3/15/82
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 15 1982, 19

ORIGINAL SIGNED BY JERRY SEXTON

TITLE SUPERVISOR DISTRICT I

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.