| - | | | | | |
|----|--|--------------|--|--|--|
| | NO. OF CAPIES RECEIVED | | | | |
| | DISTRIBUTION | ! | | | |
| | SANTA FE | | | | |
| | FILE | | | | |
| | U.S.G.S. | Al | | | |
| | LAND OFFICE | | | | |
| | TRANSPORTER GAS | | | | |
| | OPERATOR | 1 | | | |
| ı | PRORATION OFFICE | • | | | |
| ٠. | Operator ARCO Oil and Gas | Comp | | | |
| | Division of Atlantic | | | | |
| | Address | | | | |
| | P. O. Box 1710, | | | | |
| | Reason(s) for filing (Check proper box) | | | | |
| | New Well | Cho | | | |
| | Recompletion | Oil | | | |
| | Change in Ownership | Cas | | | |
| | If change of ownership give name and address of previous owner | | | | |
| I. | DESCRIPTION OF WELL AND I | LEASE | | | |
| | Unit Letter A; 660 | <u>//</u> Fe | | | |
| | Line of Section 22 , Tow | nship | | | |
| I. | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil | | | | |
| | malil Pipeli | me (| | | |
| | Name of Authorized Transporter of Cas | الأرك | | | |
| | If well produces oil or liquids, give location of tanks. | P | | | |
| ٧. | If this production is commingled wit COMPLETION DATA | h that fr | | | |
| | n | (1/1) | | | |

| DISTRIBUTION SANTA FE | | NEW MEXICO OIL CONSERVATION COMMISSION Form REQUEST FOR ALLOWABLE Sup | | |
|--|---|--|--------------------------------------|--|
| FILE | • | AND | Effective 1-1-65 | |
| U.S.G.S. | AUTHORIZATION TO TR | ANSPORT OIL AND NATURAL (| SAS | |
| LAND OFFICE | | • | | |
| TRANSPORTER GAS | | | | |
| OPERATOR | | | | |
| PRORATION OFFICE | | | | |
| Operator ARCO Oil and | | | | |
| | tlantic Richfield Company | | | |
| P. O. Box 171 | O, Hobbs, New Mexico 8824 | 10 | | |
| Reason(s) for filing (Check proper | box) | Other (Please explain) | | |
| New Well | | | | |
| Recompletion | Oil Dry G | Dry Gas effective: 4-1-79 | | |
| Change in Ownership | Casinghead Gas Conde | ensate | | |
| If change of ownership give nam and address of previous owner _ | e | | | |
| DESCRIPTION OF WELL AN | VD LEASE Well No. Pool No. | ame, Including Formation | Kind of Lease | |
| 10 day | 2 Ca | to dan andreas | State, Federal or Fee 200 | |
| Location | | es pearl deriverses | | |
| Unit Letter A ; E | 660 Feet From The North Li | ne and 660 Feet From | The East | |
| Line of Section 22 , | Township 85 Range | 30E , NMPM, C | Raves County | |
| DESIGNATION OF TRANSPO | ORTER OF OIL AND NATURAL G | AS | | |
| Name of Authorized Transporter of | | Address (Give address to which appro | ved copy of this form is to be sent) | |
| Mobil Pipe | line Company | Box 900, Dalla | v, leyes 75221 | |
| Name of Authorized Transporter of | Casinghead Gas Oor Dry Gas | Box 300 Jula |). Old A. 74102 | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Sige. | Is gas actually connected? Wh | 8-9-68 | |
| | with that from any other lease or pool, | give comminging order number: | | |
| COMPLETION DATA | | | 151 5-4 15-4 15-4 5-4 | |
| Designate Type of Comple | etion — (X) | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | |
| No Change | | | | |
| Pool | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| | | | | |
| Perforation s | | | Depth Casing Shoe | |
| | <u>,</u> | | | |
| | TUBING, CASING, AN | D CEMENTING RECORD | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | |
| | | | | |
| | | <u> </u> | | |
| TEST DATA AND REQUEST OIL WELL | able for this d | after recovery of total volume of load oil lepth or be for full 24 hours) | | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas li | , etc.) | |
| No Change | Tubba December | Casing Pressure | Choke Size | |
| Length of Test | Tubing Pressure | Casing Flassma | | |
| Actual Frod. During Test | Oil-Bbls. | Water-Bbls. | Gas - MCF | |
| | | | | |
| GAS WELL | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Conder.sate/MMCF | Gravity of Condensate | |
| Testing Method (pitot, back pr.) | Tubing Pressure | Casing Pressure | Choke Size | |
| CERTIFICATION OF COMME | | | OIL CONSERVATION COMMISSION | |
| CERTIFICATE OF COMPLI | ANCL | OIL CONSERVA | | |
| I hereby certify that the rules a | and regulations of the Oil Conservation | | 19/9, 19 | |
| Commission have been complied | ed with and that the information given | | 1 et Fan | |
| above is true and complete to | the best of my knowledge and belief. | SI IDERVISOR | 7.7 | |
| <u> </u> | | TITLE SUPERVISOR | DIDITICIL | |
| μ | // Dargen | This form is to be filed in | compliance with RULE 1104. | |

District Prod. & Drlg. Supt.

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-10; must be filed for each pool in multiply completed wells.

RECEIVED

MAR 1 4 1979
OIL CONSERVATION COMM.