I.	NO. OF COPIES RECEIVED  DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  OPERATOR  PRORATION OFFICE  Operator ARCO Oil and Gas  Division of At	REQUEST  AUTHORIZATION TO TRA	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
	P. O. Box 1710, Hobbs, New Mexico 88240  Reason(s) for filing (Check proper box)  New Well Change in Transporter of: Change in Operator Name  Recompletion Oil Dry Gas effective: 4-1-79  Change in Ownership Casinghead Gas Condensate  If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND		nme, Including Formation	
	Johns A 24	_ } _	Minmal	Kind of Lease State, Federal or Fee Tederal
	Location P 3	30 Feet From The South Lis	agn	Sa. +
	2.7		ne and $770$ Feet From T $32E$ , NMPM,	Lea County
Ш.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	15	
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	n
	give location of tanks.			
	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	
	Designate Type of Complet	ion — (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	<u> </u>		
	7-001	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<del></del>		
V.	TEST DATA AND REQUEST F		ifter recovery of total volume of load oil a epth or be for full 24 hours)	nd must be equal to or exceed top allow-
	OIL WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, etc.)
	No Change			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas - MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Vī	CERTIFICATE OF COMPLIANCE		011 00110555	TION CONTRACTOR
- 40	CANALICATED OF COMEDIANCE		OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED APR 17 19	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Jerry Sertino	
	M. IDV		TITLE SUPERVISOR DISTRICT.	
			This form is to be filed in compliance with RULE 1104.	
	XI um 1/K	inker	Into form is to be filed in compilance with RULE 1104,	

(Signature) District Prod. & Drlg. Supt. (Title) 3-8-79

(Date)

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 1111.

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-104 must be filed for each pool in multiply

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