

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE			
SANTA FE		AND			
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
U.S.G.S.					
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION 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 <input type="checkbox"/>				Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>				Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>				Please assign a 200 bbl. Oil allowable during the month of December, 1984, in order to run remaining oil in storage prior to sale of well.	
If change of ownership give name and address of previous owner					
I. DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.		Pool Name, Including Formation	
Ramco State 414		2		Shoe Bar Penn	
Kind of Lease		State, Federal or Fee		State	
Location					
Unit Letter I ; 1980 Feet From The South Line and 660 Feet From The East					
Line of Section 35 Township 16S Range 35E, NMPM, Lea County					
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Texas New Mexico Pipeline Company		P.O. Box 2528 Hobbs, New Mexico 88240			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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	Sec.	Twp.	Pge.
		I	35	16	35
		Is gas actually connected?		When	
		No			
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
Date Spudded		Date Compl. Ready to Prod.	Total Depth	Plug Back	Same Res'v.
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Diff. Res'v.
Perforations		Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size		
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.					
Engrg. Tech. Spec.					
12-26-84					
OIL CONSERVATION COMMISSION					
APPROVED DEC 27 1984, 19					
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 deviated 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 Forms C-104 must be filed for each pool in multi-completed wells.					