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

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-110
Effective 1-1-65

Operator <u>R. R. FOSTER TESTERS, INC.</u>	
Address <u>P. O. BOX 6785, ODESSA, TEXAS 79762</u>	
Reason(s) for filing (Check proper box)	Other <u>CASINGHEAD GAS MUST NOT BE</u>
New Well <input checked="" type="checkbox"/>	FLARED AFTER <u>10/22/72</u>
Recompletion <input type="checkbox"/>	UNLESS AN EXCEPTION TO R-4070
Change in Ownership <input type="checkbox"/>	IS OBTAINED.
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>ARCO STATE</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>WILDCAT PERMO-PENN</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>B-11454</u>
Location				
Unit Letter <u>J</u>	<u>1980</u>	Feet From The <u>SOUTH</u> Line and <u>1980</u>	Feet From The <u>EAST</u>	
Line of Section <u>9</u>	Township <u>16S</u>	Range <u>32E</u>	NMPM, <u>LEA</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>THE PERMIAN CORP.</u>	<u>P. O. BOX 1086, HOUSTON, TEXAS 77001</u>	
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)	
<u>NONE</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>9</u>
	Twp. <u>16S</u>	Rge. <u>32E</u>
	Is gas actually connected? <u>NO</u>	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>7/5/72</u>	Date Compl. Ready to Prod. <u>10/22/72</u>	Total Depth <u>10,615</u>	P.B.T.D. <u>10,026</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4346 DF; 4332 GR.</u>	Name of Producing Formation <u>PERMO-PENN The Permian</u>	Top Oil/Gas Pay <u>9888</u>	Tubing Depth <u>9840</u>					
Perforations <u>9888-9965</u>	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>15"</u>	<u>11 3/4"</u>	<u>615'</u>	<u>500</u>					
<u>11"</u>	<u>8 5/8"</u>	<u>4190'</u>	<u>600</u>					
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>10610'</u>	<u>375</u>					
<u>5 1/2"</u>	<u>2 7/8"</u>	<u>9840'</u>						

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 <u>10/22/72</u>	Date of Test <u>10/22/72</u>	Producing Method (Flow, pump, gas lift, etc.) <u>SWABING</u>	
Length of Test <u>24 HRS.</u>	Tubing Pressure <u>SWABING</u>	Casing Pressure <u>PKR.</u>	Choke Size <u>SWABING</u>
Actual Prod. During Test <u>324</u>	Oil-Bbls. <u>237</u>	Water-Bbls. <u>87</u>	Gas-MCF <u>5093</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Ralph Foster
(Signature)

PRESIDENT

(Title)

10/23/72

(Date)

OIL CONSERVATION COMMISSION	
APPROVED	<u>NOV 1 1972</u>
BY	<u>[Signature]</u>
TITLE	<u>SUPERVISOR DISTRICT I</u>

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.

Separate Forms C-104 must be filed for each pool in multiply

RECEIVED

OCT 26 1972

OIL CONSERVATION COMM.
HOBBS, N. M.