

DISTRIBUTION			
SANTA FE			
FILE			
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 V-F Petroleum Inc.	
Address One Marienfeld Place, Suite 580 Midland, Tx 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) To include authorized transporter of Casinghead gas.	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Arco-State	Well No. 1	Pool Name, Including Formation Dean Permo Penn	Kind of Lease State, Federal or Fee	State State	Lease No. E1075
Location					
Unit Letter L	1980	Feet From The South	Line and 660	Feet From The West	
Line of Section 35	Township 15S	Range 36E	, NMPM, Lea		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Broadmoor Building Hobbs, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> J.L. Davis	Address (Give address to which approved copy of this form is to be sent) 211 North Colorado Midland, Texas					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 35	Twp. 15S	Rge. 36E	Is gas actually connected? yes	When 5-10-86

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
				X		X		X
Date Spudded 10-7-80	Date Compl. Ready to Prod. 1-29-86	Total Depth 13,692'	P.B.T.D. 11,801'					
Elevations (DF, RKB, RT, GR, etc.) 3863' GR	Name of Producing Formation Permo Penn	Top Oil/Gas Pay 11,481'	Tubing Depth 11,400'					
Perforations 11,481-11,544'	Depth Casing Shoe 13,650'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	12 3/4"	347'	400 sx class "C"					
11	8 5/8"	4876'	1st stage 1600 sx Class H					
7 7/8"	5 1/2"	13,650	2nd stage 2500 sx Class H					
	2 7/8"	11,400	1300 sx Class H, 50/50 poz					

VI. 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)

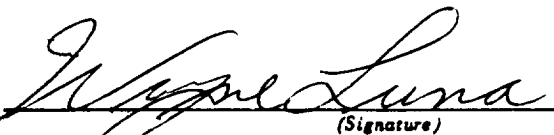
Date First New Oil Run To Tanks 1-29-86	Date of Test 5-16-86	Producing Method (Flow, pump, gas lift, etc.) flowing	
Length of Test 24	Tubing Pressure 775	Casing Pressure -0- pkr	Choke Size 15/64"
Actual Prod. During Test 214	Oil - Bbls. 214	Water - Bbls. -0-	Gas - MCF 700

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

I. 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.


(Signature)
Production Superintendent
(Title)
7-7-86
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 9 1986, 19 _____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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 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 multiple

RECEIVED
JUL 8 1986
O.C.D.
HOBBS OFFICE