

DISTRIBUTION			
SANTA FE			
FILE			
J.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

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 4/11/81
UNLESS AN EXCEPTION TO R-4078
IS OBTAINED.

Operator V-F Petroleum Inc.	
Address One Marienfeld Place, Suite 580 Midland, TX 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" 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) Well is now completed and production is going into tank battery.	
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 Devonian	Kind of Lease State, Federal or Fee State	Lease No. E1075
Location				
Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>south</u> Line and <u>660</u> Feet From The <u>west</u>				
Line of Section <u>35</u> Township <u>15-S</u> Range <u>36-E</u> , NMPM, <u>Lea</u> 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"/> Lantern Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2281 Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> No connection as of yet	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 <u>L</u>	Sec. <u>35</u>
	Twp. <u>15-S</u>	Rge. <u>36-E</u>
	Is gas actually connected? <u>No</u> When <u>As soon as possible.</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: No.

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'tv.	Diff. Res'tv.
Date Spudded <u>10-7-80</u>	Date Compl. Ready to Prod. <u>2-10-81</u>		Total Depth <u>13,692'</u>		P.B.T.D. <u>13,692'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3863' GL, 3879' KB</u>	Name of Producing Formation <u>Devonian</u>		Top Oil/Gas Pay <u>13,632'</u>		Tubing Depth <u>5,028'</u>			
Perforations					Depth Casing Shoe <u>13,650</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>12 3/4"</u>		<u>347'</u>		<u>400sx Class C</u>			
<u>11</u>	<u>8 5/8"</u>		<u>4876'</u>		<u>1st stg-1600sx; 2nd stg-2500sx</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>13,650'</u>		<u>1300sx Class H</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>2-11-81</u>	Date of Test <u>2-17-81</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump (2 1/2" x 1 3/4" x 16')</u>	
Length of Test <u>24</u>	Tubing Pressure <u>20 (Flowline)</u>	Casing Pressure <u>50</u>	Choke Size <u>-</u>
Actual Prod. During Test <u>138</u>	Oil-Bbls. <u>138</u>	Water-Bbls. <u>32</u>	Gas-MCF <u>8.3</u>

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.

V. F. Vasicek
V. F. Vasicek (Signature)
President
(Title)
February 17, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 19 1981, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT I

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