

NO. OF COPIES RECEIVED	
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 AROC Oil and Gas Company Div of Atlantic Richfield Co.	
Address P. O. Box 1710, Hobbs, N M 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE			
Lease Name State 19	Well No. 1	Pool Name, including Formation Undesignated Atoka Morrow So Gas	Lease No. E-944
Kind of Lease State, Federal or Fee State			
Location: Unit Letter 0 ; 960 Feet From The South Line and 2130 Feet From The East Line of Section 19 Township 16S Range 34E , NMPM, Lea County			

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) P. O. Box 1744, Eunice, N M 88231		
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 0	Sec. 19	Is gas actually connected? No
	Twp. 16S	Rge. 34E	When WOPLC

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

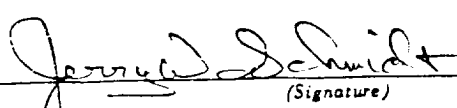
COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 11/21/81	Date Compl. Ready to Prod. 3/24/82		Total Depth 13,200'		P.B.T.D. 12,968'				
Elevations (DF, RKB, RT, GR, etc.) 4153' GR	Name of Producing Formation Atoka Morrow So. Gas		Top Oil/Gas Pay 12,615'		Tubing Depth 12,584'				
Perforations 12,615, 17, 27, 29, 35, 37, 39, 12,640'					Depth Casing Shoe 13,105'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2"	13-3/8" OD		418		420				
11"	8-5/8" OD		4500		1700				
7-7/8"	5 1/2" OD		13,105		1250				
	2-3/8" OD		12,584						

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 2088	Length of Test 4-pt	Bbls. Condensate/MMCF 11.49	Gravity of Condensate 48°
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 4605#	Casing Pressure (Shut-in) Pkr	Choke Size Various

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.


Dist. Drlg. Supt.
4/19/82
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 6 1982, 19
ORIGINAL SIGNED BY
BY JERRY SEXTON
TITLE DISTRICT 1 SUPR.

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 completed wells.

RECEIVED

APR 28 1982

CLERK.
HOLDS OFFICE