

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator ARCO Oil and Gas Company
Division of Atlantic Richfield Company

Address P.O. Box 1710, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of: Please assign a 300 bbl., testing
 Recompletion Oil Dry Gas allowable during the month of March, 1982
 Change in Ownership Casinghead Gas Condensate to complete well.

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

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Johns "B" DE Well No. 14 Pool Name, including Formation Maljamar Grbg SA Kind of Lease State, Federal or Fee Fed. Lease No. LC-0591521
 Location
 Unit Letter I : 2630 Feet From The South Line and 1310 Feet From The East
 Line of Section 24 Township 17S Range 32E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Texas New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 2528, Hobbs, N.M. 88240
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
 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. Rge. 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 - Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
 Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
 Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
 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 (plug, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
D. L. Spackelford
 (Signature)
 Engrg. Tech. Spec. _____
 (Title)
 3-4-82 _____
 (Date)

OIL CONSERVATION DIVISION
MAR 5 1982
 APPROVED _____, 19____
 ORIGINAL SIGNATURE OF
 BY JERRY SEXTON
 TITLE MANAGER 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 deviate 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 multiple-