

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and O-110
Effective 1-1-65

I. **Owner** ARCO Oil and Gas Company -
Division of Atlantic Richfield Company

Address
P. O. Box 1710, Hobbs, New Mexico 88240

Reasons for Filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)
Change in Operator Name effective: 4-1-79

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

II. **DESCRIPTION OF WELL AND LEASE**

Lease Name <i>Mescalero Ridge Unit 26</i>	Well No. Pool Name, including Formation <i>2 Pearl Queen</i>	Kind of Lease State, Federal or Foreign <i>Federal</i>
Location Unit Letter <i>P</i> ; <i>330</i> Feet From The <i>South</i> Line and <i>660</i> Feet From The <i>East</i> Line of Section <i>26</i> , Township <i>19S</i> Range <i>34E</i> , NMPM, <i>Lea</i> 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"/> <i>Ridge Pipeline Company, Inc.</i>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 159, Artesia, New Mex.</i>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <i>Phillips Petroleum Co.</i>	Address (Give address to which approved copy of this form is to be sent) <i>4001 Fenbrook, Dallas, Tex.</i>
If well produces oil or liquids, give location of tanks. Unit <i>P</i> Sec. <i>26</i> Twp. <i>19</i> Rge. <i>34</i>	Is gas actually connected? <i>yes</i> When <i>Unknown</i>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'n.	Diff. Rest'n.
Date Spudded <i>No Change</i>	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	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 <i>No Change</i>	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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

George V. Riches
(Signature)

District Prod. & Drlg. Supt.

3-12-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED *APR 10 1979*, 19_____
BY *Jerry Sexton*
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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.