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	GAS	
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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 ARCO Oil and Gas Company Division of Atlantic Richfield Company	
Address Box 1710, Hobbs, New Mexico 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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name State AZ	Well No. 2	Pool Name, Including Formation Scharb Bone Springs	Kind of Lease State, Federal or Fee State	Lease No. NM899
Location Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East Line of Section 6 Township 19S Range 35E , 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 6	Twp. 19	Rge. 35	Is gas actually connected? Yes	When 8/25/83

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6/16/83	Date Compl. Ready to Prod. 8/24/83		Total Depth 10,300'		P.B.T.D. 9615'			
Elevations (DF, RKB, RT, GR, etc.) 3930.59' GL	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9457'		Tubing Depth 9396'			
Perforations 9457-76' w/1 JSPF					Depth Casing Shoe 10,300'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40'		4 yds Redi-mix			
17½"	13-3/8" OD		403'		500 sx			
11"	8-5/8" OD		4000'		1600 sx			
7-7/8"	5½" OD		10300'		1700 sx			

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 8/9/83	Date of Test 8/29/83	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 65#	Casing Pressure Pkr	Choke Size 33/64"
Actual Prod. During Test 375 bbls	Oil-Bbls. 375	Water-Bbls. 0	Gas-MCF 294

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.

Elizabeth S. Bush
(Signature)
Drlg Engr.
(Title)
8/31/83
(Date)

OIL CONSERVATION COMMISSION

SEP 8 1983

APPROVED _____
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 multiply completed wells.

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HOBBS OFFICE

WELL NAME & NUMBER State "AZ" No. 2

LOCATION 1980' FNL & 660' FEL of Section 6-T19S-R35E, Lea County, New Mexico
(Give Unit, Section, Township and Range)

OPERATOR ARCO Oil and Gas Company

DRILLING CONTRACTOR Kenai Drilling of New Mexico, Inc.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>DEGREES @ DEPTH</u>	<u>DEGREES @ DEPTH</u>	<u>DEGREES @ DEPTH</u>	<u>DEGREES @ DEPTH</u>
1 200	1 5470		
1/2 403	1 1/4 5920		
1/2 615	1 6115		
1/4 900	3/4 6887		
3/4 1484	1 7387		
3/4 1762	1 1/4 7880		
1 2162	1 8400		
3/4 2455	1 1/4 8880		
1 2750	2 9160		
1 1/4 3033	1 3/4 9640		
1 3/4 3324	2 9750		
1 1/2 3620	2 1/2 10,250		
1 3/4 3915			
1 4500			
1 1/4 4972			

Drilling Contractor Kenai Drilling of New Mexico

By Don W. Mailan Jr

Subscribed and sworn to before me this 10th day of August, 1983

Barbara J. LeGrone
Notary Public

My Commission Expires 9-18-85

Ector County Leas

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