

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 C-104

Supersedes Old C-104 and C-110

Effective 1-1-85

Operator

ARCO Oil & Gas Company

Division of Atlantic Richfield Company

Address

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

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

eff: 7-11-84

Initial Connection of csghd gas

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Jackson 5

Well No.

1

Pool Name, Including Formation

Scharb Bone Springs

Kind of Lease

State, Federal or Fee

Fee

Lease No.

Location

Unit Letter

F

2180

Feet From The

North

Line and

1980

Feet From The

West

Line of Section

5

Township

19S

Range

35E

NMPM, Lea

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

Tesoro Crude Oil Co.

Name of Authorized Transporter of Casinghead Gas

Phillips Petroleum Company

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 2297, Midland, Texas 79702

Address (Give address to which approved copy of this form is to be sent)

4001 Penbrook, Odessa, Texas 79760

If well produces oil or liquids, give location of tanks.

Unit

F

Sec.

5

Twp.

19S

Rge.

35E

Is gas actually connected?

Yes

When

7/11/84

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

COMPLETION DATA

Designate Type of Completion - (X)

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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test 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 (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

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.

Engrg. Tech. Spec.

7/12/84

OIL CONSERVATION COMMISSION

APPROVED

JUL 16 1984

BY

ORIGINAL SIGNED BY DAY LEXTON

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 multiple completed wells.

RECEIVED

JUL 13 1934

O.C.D.
HONORARY OFFICE