

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-11
Effective 1-1-85

Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company		
Address P. O. Box 1710, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Casinghead Gas MUST NOT BE FLARED AFTER 8/2/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		
Change in Transporter of:		
Oil <input type="checkbox"/>	Dry Gas <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 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 <u>F</u> ; <u>2180</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>19S</u> Range <u>35E</u> , NMPM, Lea County				

II. 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) Box 2297, Midland, Texas 79702	
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)	
None		
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>5</u> Twp. <u>19S</u> Rge. <u>35E</u>	Is gas actually connected? <u>No</u> When To be connected when permanent bttv is installed

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

V. 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 2/22/84	Date Compl. Ready to Prod. 5/20/84		Total Depth 10,293'		P.B.T.D. 10,134'			
Elevations (DF, RKB, RT, GR, etc.) 3885.5' GR	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9393'		Tubing Depth 9340'			
Perforations 9393, 94, 95, 96, 97, 9405', 9520, 25, 47, 49, 53, 56, 66, 69, 70, 71, 72, 75, 76, 9577', 9637, 38, 41, 53, 54, 55, 58, 59, 60, 62, 63, 9721, 23, 9725'		Depth Casing Shoe 10,242'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20" cond pipe		20'		4 yds Redi-mix			
17 1/2"	13-3/8" OD		402'		675 sx			
11"	8-5/8" OD		4005'		1400 sx			
7-7/8"	5 1/2" OD 2-7/8" OD		10,242' 9,340'					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL


Date First New Oil Run To Tanks 5/1/84	Date of Test 6/2/84	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 30#	Casing Pressure Pkr	Choke Size 34/64"
Actual Prod. During Test 326 bbls	Oil - Bbls. 286	Water - Bbls. 40	Gas - MCF 459

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.


(Signature)
Drlg Engr. _____
(Title)
6/5/84
(Date)

OIL CONSERVATION COMMISSION
APPROVED JUN 15 1984, 19____
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 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 condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

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JUN 12 1984
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