

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-
Effective 1-1-83

I. 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 ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) Please assign a 1500
bbls. Oil Allowable during the mon.
of October, 1984 to test & complet
well.
If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name Jackson 5 Well No. 2 Pool Name, Including Formation Scharb Bone Spring Kind of Lease State, Federal or Fee Rec Lease No.
Location Unit Letter G ; 2180 Feet From The North Line and 1980 Feet From The East
Line of Section 5 Township 19S Range 35E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips Petroleum Company 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. 19 Rge. 35 Is gas actually connected? Yes When 10-1-84

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'v. Diff. Res.
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 (pilot, 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.
R. L. Shackelford
(Signature)
Engrg. Tech. Spec.
(Title)
10-8-84
(Date)

OIL CONSERVATION COMMISSION
APPROVED OCT 12 1984, 19
BY ORIGINAL SIGNATURE OF
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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of section.
Separate Forms C-104 must be filed for each pool in multi-completed wells.