[EANTA FE				NE				OR ALLOWABLY				Form C-104 Supersedes Old C-104 and C-1				
	FILE								AND	AND					Effective 1-1-65		
	U.S.G.S.					HORIZ	ATION	TO TRA	NSPORT O	IL AND I	NATURAL	GAS					
	LAND OFFICE										_	_					
	TRANSPORTER	OIL															
		GAS															
	OPERATOR		ļ														
1.	PRORATION OF	FICE															
	Operator ARCO	0i1	& G	Gas	Compar	лу											
	Divi	sion	of_	At	lantic	Rich	tfiel	d Com	pany								
	Address																
	P.O.	Box	171	0,	Hobbs	s.Ne	w Me	xico	88249			······	<u> </u>				
1	Reason(s) for filing	(Check	proper	box)						her (Please							
	New Well	Н				in Tran	Bporter				assig						
	Recompletion	Ч			Oil		Н	Dry Go							of Sept		
	Change in Ownershi				Casing	head Ga		Conder		<u>1984 t</u>	<u>o test</u>	and	<u>comp</u>	<u>lete</u>	well		
	If change of owner	rshio giv	e nau	ne													
	and address of pre																
11 .	DESCRIPTION (OF WEL	L A	<u>ND I</u>	Well No. Pool Name, Including Formation Kind of Lease										Legae No.		
				-	-		Curry Frederick on S				Fee						
	Jackson 5		2	2 Scharb Bone Springs State, Foderal C							F	ee					
1	Location North 1080																
	Unit LetterG ; <u>2180</u> Feet From The North Line and <u>1980</u> Feet From The <u>East</u>																
		Ę		-	. 10			D .							6		
	Line of Section	5		Tow	nship 19	S		Range	<u>.35E</u>	, NMPN	Lea				County		
						-			16								
п.	DESIGNATION (OK I		Conden			Address (Give address to which approved copy of this form is to be sent)										
				···· •	2	Box 2297, Midland, Texa											
	Tesoro Cri Name of Authorized	inghead Gas	R -1 r	or Dry G	as	Address (Give address to which approved cop				opy of this form is to be sent)							
				, .			-										
	Phillips I		ec.	Twp.	P.ge.	4001 Penbrook, Odessa, Is gas actually connected? When				Tex :	16 7 9	760					
	If well produces of give location of tar		ds,		•	<i></i>	1		e				,				
	L				F	5		<u>35E</u>				Appr	<u>ox</u>	3 wks	<u> </u>		
	If this production		ingle	d wit	h that from	any oth	her leas	e or pool,	give commin	gling orde	r number:						
IV.	COMPLETION I	DATA	· · · ·				11 1.	Gas Well	New Well	Workover	Deepen	Plug	Back	Same Res'	v. Diff. Res'v		
	Designate Ty	ype of C	Compl	letio	n = (X)	1	- I I		1	1	1	1	+ 		1		
	Date Spudded				Date Comp	1 1. Ready	to Prod	•	Total Depth	<u>ب</u>	<u></u>	P.B.	.T.D.				
	Date opudad																
	Elevations (DF, R)	KRRT	CR .		Name of Pr	oducing	Formati	or.	Top Oil/Ga	s Pay		Tubi	ing Depth	3			
				Name of Producing Formation													
	Perforations				I							Dept	th Casing	, Shoe			
	<u> </u>				TUBI	NG. CA	SING. AN	D CEMENTING RECORD									
	HOLE SIZE			CASI	NG & T			DEPTH SET				SACKS CEMENT					
					<u> </u>												
										<u></u>							
					1		<u> </u>										
117	TEST DATA A		TIES	T F	DR ALLO	WABLE	. (Te	t must be i	after recovery	of socal vol	ume of load	oil and m	ust be eq	ual to or es	ceed top allou		
Ψ.	OIL WELL		[010						epth or be for	full 24 how	*)						
	Date First New Oi	1 Run To	Tanki	9	Date of Te	nt.			Producing N	Producing Method (Flow, pump, gas lift,							
	Length of Test				Tubing Pre	essure			Casing Pressure			Cho	Choke Size				
	Actual Prod. During Test			Oil-Bbls.				Water - Bbls	Gas	Gas - MCF							
	<u></u>																
	GAS WELL																
	Actual Prod. Test	1-MCF/D			Length of	Test			Bbls. Cond	ensate/MMC	CF	Gra	vity of Ca	andensate			
														<u></u>			
	Testing Method (pitot, back pr.)				Tubing Pr	•****• (Shut-1	•)	Casing Pre	saure (Shu	t-18)	Cho					
VI.	. CERTIFICATE OF COMPLIANCE									OIL	CONSER	VATIO	N COM	MISSION	1		
											0 P _	6 191	21				
	I hereby certify that the rules and regulations of the Oil Conservation								APPROVED 19								
	on the information from complied with and that the information fiven							BYREPORT OF ALL OF									
	above is true and complete to the best of my knowledge and belief.						The Contract Contraction										
								TITLE									
									This form is to be filed in compliance with RULE 1104.								
	D. Y. Shackellord								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								
	(Signarive)																
	Engrg. Tech. Spec.									tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow							
	<u>Eligig: lecii: Spec.</u> (Tule)									sections o	of this form	must be wells.	ITTIGG O	er combie	rath tol minam		
	<u> </u>			141	<i>-</i> ,				Tan	able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner,							
	9-7	<u>25-84</u>		<i>(</i> D	ate)	<u> </u>			i well nam	ne or numb	er, or trans	porter, or	other st	sch chang	e of condition		
					•				Sep	arate For	ma C-104	must be	filed for	r each po	ol in multipl		
										d wells.							