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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-105
Effective 1-1-65

| | |
|---|--|
| 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 5/1/85 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 _____

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|---|---------------|--|--|-----------|
| 1. DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name R. F. Fort | Well No. 1 | Pool Name, including Formation Knowles Devonian South | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter L ; 2310 Feet From The South Line and 330 Feet From The West Line of Section 24 Township 17S Range 38E, NMPM, Lea County | | | | |

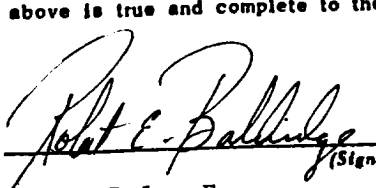
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|--|---|--|
| 1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Tesoro Crude Oil Co. | Address (Give address to which approved copy of this form is to be sent) Box 2297, Midland, TX 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) | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. L 24 17 38 | Is gas actually connected? When No - TSTM |

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

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|--|---|----------------------------|------------------------------|
| 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 11/13/84 | Date Compl. Ready to Prod. 2/21/85 | Total Depth 12,225' | P.B.T.D. - |
| Elevations (DF, RKB, RT, GR, etc.) 3664.1' GR | Name of Producing Formation Devonian | Top Oil/Gas Pay 12,172' | Tubing Depth 12,001' |
| Perforations 12,172-12,223' | | | Depth Casing Shoe 12,224' |
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17 1/2" | 13-3/8" OD | 423' | 510 |
| 11" | 8-5/8" OD | 4985' | 2570 |
| 7-7/8" | 5 1/2" OD | 12,224' | 1200 |
| | 2-7/8" OD | 12,001' | |

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|---|-------------------------|---|-------------------|
| 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 1/28/85 | Date of Test 2/21/85 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs | Tubing Pressure - | Casing Pressure - | Choke Size - |
| Actual Prod. During Test 120 bbls | Oil - Bbls. 120 | Water - Bbls. 0 | Gas - MCF TSTM |

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|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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 |

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| 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. | |
|  Drlg. Engr. 2/28/85 (Signature) (Title) (Date) | |
| OIL CONSERVATION COMMISSION MAR - 6 1985 APPROVED _____, 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 deeper 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 multi-completed wells. | |

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