

NO. OF COPIES RECEIVED	
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-110  
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 PLACED IN THE PUBLIC DOMAIN UNLESS AN EXCEPTION TO R-4070 IS OBTAINED 8/11/85
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Emma Lawrence	Well No. 1	Pool Name, Including Formation Wolfcamp	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter I : 660 Feet From The East Line and 1980 Feet From The South Line of Section 23 Township 17S Range 38E , NMPM, Lea County				

III. 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 I	Sec. 23	Twp. 17S	Rge. 38E	Is gas actually connected? No	When Unknown

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 <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 3/27/85	Date Compl. Ready to Prod. 5/22/85		Total Depth 12,249'		P.B.T.D. 9756'			
Elevations (DF, RKB, RT, GR, etc.) 3663.3' GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9722'		Tubing Depth 9633'			
Perforations 9722, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 9733'					Depth Casing Shoe 9800'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17½"	13-3/8" OD		418'		500			
11"	8-5/8" OD		5020'		2400			
7-7/8"	5½" OD		9800'		550			
	2-7/8" OD		9633'					

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 5/15/85	Date of Test 5/30/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 30#	Casing Pressure -	Choke Size -
Actual Prod. During Test 141 bbls	Oil-Bbls. 33	Water-Bbls. 108	Gas-MCF 8

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.

Elizabeth S. Bush  
(Signature)  
Drlg. Engr.  
(Title)  
5/30/85  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 11 1985, 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 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 multiply completed wells.

RECEIVED

JUN 10 1985

Q.C.P.  
HOBBS CENTER