

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator ARCO Oil and Gas Company	
Address P.O. Box 1610, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mescalero Ridge Unit 35	Well No. 18	Pool Name, Including Formation Pearl Queen	Kind of Lease State, Federal or Fee Federal	Lease No. NM 052
Location Unit Letter <u>F</u> : <u>2240</u> Feet From The <u>North</u> Line and <u>2030</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>19S</u> Range <u>34E</u> , NMPM, <u>Lea</u> 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"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) Box 159, Artesia NM 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company 66 Natl Gas	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 P	Sec. 35
	Twp. 19S	Rge. 34E
	Is gas actually connected?	When
	yes	2-8-86

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Ken W. Gosnell
(Signature)
Ken W. Gosnell Engr. Tech. Spec.
(Title)
2-14-86 915-684-0312
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 18 1986, 19_____
BY ORIGINAL SIGNED BY TERRY SEXTON
TITLE DISTRICT SUPERVISOR

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-6-85	Date Compl. Ready to Prod. 2-8-86		Total Depth 5250		P.B.T.D. 5206				
Elevations (DF, RKB, RT, CR, etc.) 3724.8 RKB	Name of Producing Formation Pearl Queen		Top Oil/Gas Pay 4576		Tubing Depth 4596				
Perforations						Depth Casing Shoe 5250			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4	8-5/8		1812		800 sx. Circ				
7-7/8	5-1/2		5250		1750 sx. Circ				
2-3/8	4.7		4596						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 2-8-86	Date of Test 2-12-86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 299	Gas - MCF 12

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

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