STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE			
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v t.u.t.		<u> </u>	l
LAND OFFICE			l
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DPERATION			

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

Ì	rit	SWALL LE HEA	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	REQUEST FOR ALLOWABLE						
	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
1.	Cretator ARCO Oil and Gas Company						
	Division of Atlantic Ric						
	P.O. Box 1710, Hobbs, N.	M. 88240				····	
	Keason(s) for filing (Check proper box)	Other (Piease explain) Change in Transporter of: To correct designation of Transporter of					
	New Well Recompletion Change in Ownership	Cil Dry Ga Casingheod Gas Conden	• Ooil eff	ective 4-1			
1	If change of ownership give name and address of previous owner						
		L CACE					
11.	DESCRIPTION OF WELL AND	bell No. Pool Name, Including Formation Kind of Let		Kind of Lease State, Federal			
	Mahaffey ARC Fed.	1 Teas Bone Spri	ings	Sidile, 7 datrai	or Fee Fed	FC-003039	
	Unit Letter C : 660	Feet From The North Lin	• and <u>1980</u>	Feet From 7	rh∙ <u>West</u>	· .	
		mahlp 20S Range	33E , NMP	м,	Lea	County	
·II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Aggress (Give address	to which approv	ed copy of this form is	to be sent)	
	Western Crude Oil. Inc.		P.O. Box 1744, Eunice N.M. 88231 Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Casinghead Gas () or Dry Gas		4001 Penbrook,		X 79760	io de sem,	
	Phillips Petroleum Comp. If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connec		'n		
	give location of tanks.	C 14 20S 33E	Yes		4-29-82 DC-262		
iV.	If this production is commingled with COMPLETION DATA					s'v. Diff. Res'v.	
	Designate Type of Completic	on - (X) Gas Well	New Well Workover	Deepen	Find Back Same Ne	1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay		Tubing Depth		
	Perforations		D		Depth Casing Shoe	Depth Casing Shoe	
		A CENTALING RECORD					
	HOLE SIZE	TUBING, CASING, AND	DEPTH:		SACKS CE	MENT	
	HOLE SIZE						
					<u> </u>		
v.	TEST DATA AND REQUEST FOOL WELL	OR ALLOWABLE (Test must be a able for this de	fier recovery of socal vo- pih or be for full 24 hou	(f#)		excess top attom	
Date First New Dil 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	Oll-Bala.	water-Bbis.		Gas-MCF		
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Ebis. Condensate/MM	CF	Gravity of Condensate	·	
	Teeling Method (puot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Ebt	rt-in)	Chore Size		
.T.	I. CERTIFICATE OF COMPENSATION			ION DIVISION			
I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED	<u>.,,,),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	1982 -	19		
		BY	Labert Competence				
		TITLE					
		This form is to be filed in compliance with MULE 1104.					
1 Signotwe)			If this is a request for allowable for a newly drilled or deepene- well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.				
Engrg. Tech. Spec.			All sections of this form must be filled out completely for allowable on new and recompleted wells.				
(Tule) 6-8-82			11	0 1 3	t till and MI for the	ngue of owner	
	6-8-82 (Date) (Date)					• • • • • • • • • • • • • • • • • • • •	