

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 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROGRATION OFFICE	

Operator: **ARCO Oil & Gas Company**
Division of Atlantic Richfield Company

Address: **P. O. Box 1710, Hobbs, New Mexico**

Reasons for filing (Check proper box):

New Well <input type="checkbox"/>	Change in Transporter of:	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>			

Other (Please explain):

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name J. R. Phillips "B"	Well No. 6	Pool Name, including Formation Eumont Yates 7R Qn Gas	Kind of Lease State, Federal or Fee Fee
Location: Unit Letter C ; 990 Feet From The North Line and 1650 Feet From The West			
Line of Section 31 , Township 19S Range 37E , NMPM, Lea County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Jal, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	C 31 19S 37E Yes 3-20-79

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

III. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. Diff. Res'v. <input checked="" type="checkbox"/>
Date XXXX PB Commenced 1-16-79	Date Compl. Ready to Prod. 1-19-79		Total Depth 4000'		P.B.T.D. 3784'		
Pool Eumont	Name of Producing Formation Yates 7R Queen		Top Oil/Gas Pay 3364'		Tubing Depth 3290'		
Perforations 3364-3600'					Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
12-1/2"	8-5/8" OD		485'		350		
7-7/8"	5-1/2" OD		3999'		500		
	2-7/8" OD		3290'				

IV. 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)

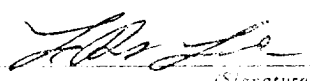
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF 4,345 MMCF	4 Pt	---	---
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Press.	100#	Pkr	Various

V. 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.

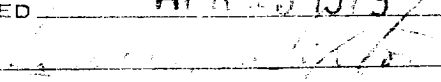


 Dist. Drlg. Supt.

 4-10-79

OIL CONSERVATION COMMISSION

APPROVED **APR 13 1979**, 19____

BY 

TITLE **SUPERVISOR DISTRICT 1**

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 Sections I, II, III, and VI only 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 multiple completion wells.

RECEIVED

MAR 17 1973

OIL CONSERVATION COMM.
1635 S. N. M.