

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator DAVID H. ARRINGTON OIL & GAS, INC.		Well API No. 30-025-31982
Address P.O. BOX 2071, MIDLAND, TEXAS 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name J.A. Foster	Well No. 3	Pool Name, Including Formation Monument Abo R-10091	Kind of Lease State/Federal/Lease Fee	Lease No.
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>19-S</u> Range <u>36-E</u> , 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"/> Kelly McClasky Oilfield Serv. Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 580 Hobbs, NM 88241	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 67, Monument, NM 88265	
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>34</u> Twp. <u>19-S</u> Rge. <u>36-E</u>	Is gas actually connected? <u>Yes</u> When? <u>11/20/93</u>

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

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input 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 10/6/93	Date Compl. Ready to Prod. 11/20/93		Total Depth 8050		P.B.T.D. 7987			
Elevations (DF, RKB, RT, GR, etc.) 3614' GR, 3627 KB	Name of Producing Formation Abo		Top Oil/Gas Pay 7323		Tubing Depth 7182			
Perforations 7323'-7428' (30 Holes)		DUAL INDUCTION		Depth Casing Shoe 8035'				

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	300'	400 sxs C
12 1/4	8 5/8	2613'	1200 sx Lt + 200 sx C
7 7/8	5 1/2	8035'	450 sx Lt & 560 H
	2 3/8	7182	650 CL C

VII. 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 Tank 11/20/93	Date of Test 11/23/93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. 22	Water - Bbls. 230	Gas - MCF 35

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Casing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VIII. OPERATOR 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 above
is true and complete to the best of my knowledge and belief.

Signature
David H. Arrington /President
Printed Name
12/15/93
Date
915-682-6685
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 20 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.