NO. OF COPIES RECI	EIVED	i	
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LAND OFFICE			
IRANSPORTER	OIL		
' ' '	GAS		
OPERATOR			
		1	

	DISTRIBUTION SANTA FE FILE	l .	ONSERVATION COMMISSICATION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS
I.	Operator ARCO Oil and G	ns Company		
	Division of Atlantic Rick	hfield Company		
	Box 1710, Hobbs, New 1			
	Reason(s) for filing (Check proper box New Well	Change in Transporter of:	Other (Please explain) Please assign a 5	00 bbl testing allowable
	Recompletion	Oil Dry Ga		une, 1979 to complete
	Change in Ownership	Casinghead Gas Conden	well.	
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND	LEASE Dual w/Blineb		
	Lease Name State 367	1 Drinkard	State, Federal	20200
	Location	1 DIIIRAIA		State 1.307
٠	Unit Letter M; 660	Feet From The South Lin	e and 660 Feet From T	The West
	Line of Section 36 Tov	wnship 21S Range	37E , NMPM,	Lea County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which approv	J (1) (1
	Name of Authorized Transporter of Oil Texas New Mexico Pipe		Box 2528, Hobbs, N.M. 83	•
	Name of Authorized Transporter of Cas	- v	Address (Give address to which approv	
	Warren Petroleum Compa	ny Unit Sec. Twp. Rge.	Box 1589, Tulsa, Okla Is gas actually connected? Whe	en en
	If well produces oil or liquids, give location of tanks.	L 36 21S 37E	Yes	1/1/58
		th that from any other lease or pool,	give commingling order number: po	C-261
IV.	COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spaadea	Date Compil Heady to 115d.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil a	and must be equal to or exceed top allow-
	OIL WELL Date First New Oil Bun To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	it, etc.)
			Co-los Passaura	Choke Size
	Length of Test	Tubing Pressure	Casing Pressure	Cnoxe Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
		<u></u>		······································
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Cosing Pressure (Shut-12)	Choke Size
VI.	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				. 3
			TITLE	
				compliance with RULE 1104.
	_ D. L. Shacke	you		able for a newly drilled or deepened

D. L. Shackelford	
Engr. Terh Spec (Title)	
6/15/79	

(Date)

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.



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Engr. Tech. Spec.

6/15/79

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owr well name or number, or transporter, or other such change of conditi

Separate Forms C-104 must be filed for each pool in multi-completed wells.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE	AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS		
U.S.G.S.				
OIL				
TRANSPORTER GAS				
OPERATOR				
OPERATION OFFICE OPERATOR ARCO OIL and Gas C	ompgay			
Operator ARCO O:1 and Otto O Division of Atlantic Richfield O	Company			
Address				
Box 1710, Hobbs, New Mexi	co 88240	Other (Please explain)	and a since allowable	
Reason(s) for filing (Check proper box)	Change in Transporter of:	Internal accion a 50	0 bbl testing allowable	
New Well	Oil Dry Gas		ine, 1979 to complete	
Recompletion	Casinghead Gas Condens	sate well.		
Change in Ownership			·	
If change of ownership give name	•			
and address of previous owner	Dual w/Drinkar	d	Lease No.	
DESCRIPTION OF WELL AND LE	Well No. Pool Name, Including Fo	rmation Kind of Lease	0.67	
Lease Name	Well No. Pool Name, Including 1		or Fee State 367	
State 367	1 Billiebly the			
Location	Feet From The South Lin	e and 660 Feet From Th	e <u>West</u>	
Unit Letter M; 660	Feet From The Bouten	_	County	
26	ship 21S Range	37E , NMPM, Lea		
Line of Section				
DESIGNATION OF TRANSPORTI	ER OF OIL AND NATURAL GA	Address (Give address to which approve	ed copy of this form is to be sent,	
Name of Authorized Iransporter		Box 2528, Hobbs, N.M. 8 Address (Give address to which approv	8240	
l - Marrian Pineli	ne Company	Address (Give address to which approv	ed copy of this form is to be sem,	
Name of Authorized Transporter of Cash	III III III III III III III III III II	Box 1589, Tulsa, Okla		
Warren Petroleum Compar	Unit Sec. Twp. Rge.	Is gas actually connected?	10/8/65	
If well produces oil or liquids,	I. 36 21S 37E	Yes		
give location of tanks. If this production is commingled with	that from any other lease or pool	, give commingling order number:	PC-261	
If this production is commingled with	A that from any	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'	
V. COMPLETION DATA	· OII wen			
Designate Type of Completion	n – (A)	Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.		Tubing Depth	
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Nume of the		Depth Casing Shoe	
Perforations		ND CEMENTING RECORD		
	TUBING, CASING, A	DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE			
			t and must be equal to or exceed top al	
DECLEST I	OR ALLOWABLE (Test must b	e after recovery of total volume of load of depth or be for full 24 hours)	t and mast be equit	
V. TEST DATA AND REQUEST F	able for this	Producing Method (Flow, pump, gas	lift, etc.)	
OII. WELL Date First New Oil Run To Tanks	Date of Test			
Ballo (May a)		Casing Pressure	Choke Size	
Length of Test	Tubing Pressure		Gas-MCF	
	Oil-Bbls.	Water-Bbls.	Gustinot	
Actual Prod. During Test	GII-Bass			
		Bbls. Condensate/MMCF	Gravity of Condensate	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bhis. Condensate Minio		
Weight Lines 1921		Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			
		OIL CONSER	VATION COMMISSION	
VI. CERTIFICATE OF COMPLIA	INCE	IIIN .	1979, 19	
		1)		
I hereby certify that the rules ar	Orig. Signed by			
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.		Les Cicine.	Les Clements	
above is true and complete to		TITLE Of & Gas I	nsta	
_	0	This form is to be filed	in compliance with RULE 1104.	
n s li	10/201	to this is a request for a	illowable for a newletion of the dev	
D. L. Shace	agen	well, this form must be acce	occidence with RULE 111.	
(!	otepature)	tosts taken on the form	m must be filled out completely for	

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