

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-31 Effective 1-1-83	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.S.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER		OIL			
		GAS			
OPERATOR					
PRORATION OFFICE					
Operator ARCO Oil and Gas Company Division of Atlantic Richfield Co.					
Address P.O. Box 1710, Hobbs, NM 88240					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well <input type="checkbox"/>				Change in Transporter of:	
Recompletion <input type="checkbox"/>				Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>				Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
				Eff: 11-22-84	
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND LEASE					
Lease Name		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State 367		3	Wantz Abo	State, Federal or Fee State	367
Location					
Unit Letter K, 1980 Feet From The South Line and 1980 Feet From The West					
Line of Section 36 Township 21S Range 37E, NMPM, Lea County					
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipeline Company			P.O. Box 2528, Hobbs, NM 88240		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Corp.			P.O. Box 1589, Tulsa, Okla 74102		
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.
		L	36	21S	37E
		Is gas actually connected?		When	
		Yes		10-1-84	
If this production is commingled with that from any other lease or pool, give commingling order number: PC-261 as amended 11-14-84					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover
Date Spudded		Date Comp. Ready to Prod.		Total Depth	P.B.T.D.
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	
V. 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
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size
VI. 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.					
Engrg. Tech. Spec. (Signature)					
(Title)					
11-20-84 (Date)					
OIL CONSERVATION COMMISSION					
APPROVED NOV 27 1984, 19					
BY ORIGINAL SIGNED BY JERRY SEXTON					
DISTRICT 1 SUPERVISOR					
TITLE					
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 multiple completed wells.					