

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

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-11
Effective 1-1-65

Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	

I. DESCRIPTION OF WELL AND LEASE			
Lease Name State 367	Well No. 3	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee State
Lease No. B-11614			
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			

II. 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)		
Navajo Refining Company	Box 159, Artesia, N.M. 88210		
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.	Box 1589, Tulsa, Oklahoma 74102		
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 36	Twp. 21
			Rge. 37
	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:

V. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X				X			X
Date Spudded 8/22/84	Date Comp. Ready to Prod. 10/8/84		Total Depth 7550'		P.B.T.D. 7056'				
Elevations (DF, RKB, RT, GR, etc.) 3358' GR	Name of Producing Formation Abo		Top Oil/Gas Pay 6703'		Tubing Depth 7046'				
Perforations 7068,92,7104,20,45,99,7207,39,67,7315,28,7347' 6931,55,64,88,7007,23,7031 & 6703,42,6819,73,6897'		Depth Casing Shoe Csg 6590' 5" Liner 7528'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"		13-3/8" OD		295'		300			
12 1/4"		9-5/8" OD		2824'		1000			
11"		7" OD		6590'		520			
6 1/4"		5" Liner 2-3/8" OD		6340-7528' 7046'		145			

VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL					
Date First New Oil Run To Tanks 9/17/84		Date of Test 10/22/84		Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs		Tubing Pressure -		Casing Pressure -	
Actual Prod. During Test 12 bbls		Oil - Bbls. 6		Water - Bbls. 6	
				Gas - MCF 19	

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

VII. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION OCT 30 1984	
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.		APPROVED _____, 19____ Eddie W. Seay Oil & Gas Inspector	
Drlg. Engr. 10/25/84 (Signature) (Title) (Date)		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 multiply completed wells.	