

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO OIL & GAS COMPANY	Well API No. 30-025-24418
Address P O BOX 1710 HOBBS, NM 88240	
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 checked="" 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

Cancel Eunice Monumet GB/SA

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. C. ROACH	Well No. 5	Pool Name, including Formation EUMONT YATES 7RQ	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>21</u> Township <u>20 S</u> Range <u>37 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 checked="" type="checkbox"/> SCURLOCK PERMAIN CORP.	Address (Give address to which approved copy of this form is to be sent) P O BOX 3119 MIDLAND, TEXAS 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM GAS CORP.	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TEXAS 70760	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 21
	Twp. 20	Rge. 37
	Is gas actually connected? YES	When? 1/7/93

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v
Date Spudded 12/04/92	Date Compl. Ready to Prod. 1/7/93		Total Depth 5708		P.B.T.D. 3608			
Elevations (DF, RKB, RT, GR, etc.) 3512 GR	Name of Producing Formation QUEEN		Top Oil/Gas Pay 3266		Tubing Depth 3555			
Perforations 3266-3593					Depth Casing Shoe 3808			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	8 5/8		426		325 SX			
	9 1/2		3808		550+ 403 SX			
	2 3/8		3555					

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 Tank 1-7-93	Date of Test 1-15-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure 115	Choke Size
Actual Prod. During Test	Oil - Bbls. 8	Water - Bbls. 1	Gas - MCF 400

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

VI. 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 James Cogburn
James Cogburn OPERATIONS COORDINATOR
Printed Name
1/20/93
Date
Title
(505) 391-1600
Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 04 1993

By ORIGINAL SIGNATURE OF JIMMY SEXTON
JIMMY SEXTON 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.