| 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-110*
Effective 1-1-65

I.

Operator: ARCO Oil & Gas Company
Division of Atlantic Richfield Company

Address: P.O. Box 1710, Hobbs, N.M. 88240

Reason(s) for filing *(Check proper box)*

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other *(Please explain)*: Additional dry gas connection by Warren Petroleum Co. Effective 11-6-79 (High Press)

If change of ownership give name and address of previous owner _____

## II. DESCRIPTION OF WELL AND LEASE — Dual w/Langley Ellenburger Gas

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Langley Getty Com. | 1 | Langley Devonian Gas | State, Federal or Fee Fee | |

Location: Unit Letter N ; 790 Feet From The South Line and 2310 Feet From The West

Line of Section 21 Township 22S Range 36E , NMPM, Lea County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil ☐ or Condensate ☒ | Address *(Give address to which approved copy of this form is to be sent)* |
|---|---|
| Texas New Mexico Pipeline Co. | P.O. Box 2528, Hobbs, N.M. 88240 |
| Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ | Address *(Give address to which approved copy of this form is to be sent)* |
| El Paso Natural Gas Co.<br>Warren Petroleum Co. | P.O. Box 1384, Jal, N.M.<br>P.O. Box 1589, Tulsa, Oklahoma |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | N | 21 | 22S | 36E | Yes | ENGCO 2-21-79<br>WPC - LP 3-18-79<br>WPC - HP 11-6-79 |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| Date Spudded | Date Compl. 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 | SACKS CEMENT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## V. TEST DATA AND REQUEST FOR ALLOWABLE

*(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)*

OIL WELL

| 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.

A. L. Ghandchi
*(Signature)*

Engrg. Tech. Spec.
*(Title)*

11-19-79
*(Date)*

OIL CONSERVATION COMMISSION

APPROVED NOV 20 1979, 19___

BY Orig. Signed by Jerry Sexton

TITLE Dist. 1, Supv.

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 operator, well name or number, transporter, or other such change of condition.

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