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	DISTRIBUTION			
	SANTA FE			
	FILE			
	U.S.G.S.			
1.	LAND OFFICE			
	TRANSPORTER	OIL		
		GAS		
	OPERATOR			
	PRORATION OFFICE			
	6 - 1 DC 6 - 5 C - 5			

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DISTRIBUTION	NEW MEXICO OIL O	NEW MEXICO OIL CONSERVATION COMMISSIC, I					
SANTA FE	1	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11				
FILE	_	AND	Effective 1-1-65				
U.S.G.S.	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS				
LAND OFFICE	_						
TRANSPORTER OIL							
GAS	4						
OPERATOR PROBATION OFFICE							
	erator ARCO Oil and Gas Company						
Division of Atlantic Richfi	Division of Atlantic Richfield Company						
Address							
Box 1710, Hobbs, New 1	Box 1710, Hobbs, New Mexico 88240						
Reason(s) for filing (Check proper bo	eason(s) for filing (Check proper box) Other (Please explain)						
New Well X	Change in Transporter of:						
Recompletion	Oil Dry Go						
Change in Ownership	Casinghead Gas Conde	nsate					
If change of ownership give name							
and address of previous owner							
II. DESCRIPTION OF WELL AND	LEASE						
Lease Name	Well No. Pool Name, Including F	Formation Kind of Lea	Lease No.				
Langley Boren Com	1 Langley Eller	nburger Gas State, Fede	ral or Fee Fee				
Location							
Unit Letter H ; 178	80 Feet From The North Lin	ne and 660 Feet From	n The <u>East</u>				
Line of Section 20 To	ownship 22S Range	36E , NMPM,	Lea County				
	MYN OF OUR AND MARKIDAT C	A C					
II. DESIGNATION OF TRANSPOR	or Condensate	Address (Give address to which appr	roved copy of this form is to be sent)				
The Permian Corp.		Box 1183, Houston, Tex					
Name of Authorized Transporter of Co	singhead Gas or Dry Gas X	Address (Give address to which app	roved copy of this form is to be sent)				
El Paso Natural Gas Co		Box 1384, Jal, N.M.					
If well produces oil or liquids,	Unit Sec. Twp. P.ge.		Vhen				
give location of tanks.	H 20 22S 36E	Yes	7/30/79				
If this production is commingled w	ith that from any other lease or pool,	give commingling order number:					
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
Designate Type of Completi		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
3/29/79	7/31/79	15,550'	15,455'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!l/Gas Pay	Tubing Depth				
3547' GR	Ellenburger Gas	15,148'	15,045'				
Perforations			Depth Casing Shoe				
15,148-15,407'			15,548'				
		D CEMENTING RECORD	CACKS CENEUT				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
1712"	13-3/8" OD	1395'	1090 sx 1400 sx				
124"	9-5/8" OD	6204' 15548'					
8-3/4"	7" OD 2-7/8" OD	15.045'					
DESCRIPTION OF THE PROPERTY OF			il and must be equal to or exceed top allou				
V. TEST DATA AND REQUEST I	able for this d	lepth or be for full 24 hours)					
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)				
			Choke Size				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
		Water-Bbls.	Gas - MCF				
Actual Prod. During Test	Oil-Bbls.	11461 - 55161					
CAS WELL							
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
5414	24 hrs	71.4	63.7°				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
Back pr.	3800#	Pkr	16/64"				
VI. CERTIFICATE OF COMPLIAN		OIL CONSER	ATION COMMISSION				
		Aligna Aligna	7 1879				

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.

SRK for L.D. LANE (Signature)

(Title)

Dist. Drlg. Supt.

8/9/79

(Date)

KILE TUPERVISOR DISTRICT L

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