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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 and Gas Company**  
Division of Atlantic Richfield Company

Address  
Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)  
**CASINGHEAD GAS MUST NOT BE  
FLALED AFTER 2/1/80  
UNLESS AN EXCEPTION TO R-4970  
IS OBTAINED.**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 367	Well No. 4	Pool Name, Including Formation Tubb Oil & Gas	Kind of Lease State, Federal or Fee State	Lease No. 367
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Location  
Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East  
Line of Section 36 Township 21S Range 37E , 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 type="checkbox"/> Texas New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 2528, Houston, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks. Unit L Sec. 36 Twp. 21S Rge. 37E	Is gas actually connected? When No

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12/10/79	Date Compl. Ready to Prod. 4/1/80	Total Depth 6700'	P.B.T.D. 6651'					
Elevations (DF, RKB, RT, GR, etc.) 3362.5' GR	Name of Producing Formation Tubb Oil & Gas	Top Oil/Gas Pay 6159'	Tubing Depth 6034'					
Perforations 6159-6256'			Depth Casing Shoe 6700'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9-5/8" OD	1354'	525
8-3/4"	7" OD	6700'	2075
	2-7/8" OD	6034'	

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 1/13/80	Date of Test 4/13/80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 34 bbls	Oil-Bbls. 24	Water-Bbls. 10	Gas-MCF 37

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.

Alfred Lee  
(Signature)  
Dist. Drlg. Supt.  
(Title)  
4/15/80  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED MAY 5 1980, 19\_\_\_\_  
BY James J. Sipes  
TITLE SUPERVISOR DISTRICT 1

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.