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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

Operator ARCO Oil and Gas Company Division of Atlantic Richfield Co.	
Address P. O. Box 1710, Hobbs, N M 88241-1710	
Reason(s) for filing (Check proper box)	Other
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>

Other ~~TRANSPORTER GAS MUST NOT BE~~  
~~PLACED IN LINE~~ 12/1/81  
~~UNLESS AN EXCEPTION TO RULE~~  
~~IS OBTAINED~~

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State 731	Well No. 1	Pool Name, including Formation Jalmat Yates Oil	Kind of Lease State, Federal or Fee State	Lease No. E-8077
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West Line of Section 25 Township 22S Range 35E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing	Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, N M 88210			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79760			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 25	Twp. 22S	Rge. 35E
				Is gas actually connected? No
				When To be connected when permanent bttv is installed

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

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'tv.	Diff. Res'tv.
Date Spudded 8/16/81	Date Compl. Ready to Prod. 10/01/81	Total Depth 3990'	P.B.T.D. 3982'					
Elevations (DF, RKB, RT, GR, etc.) 3562.2' GR	Name of Producing Formation Yates Seven Rivers	Top Oil/Gas Pay 3859'	Tubing Depth 3820'					
Perforations 3859, 62, 65, 68, 71, 75, 78			Depth Casing Shoe 3983'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
23"	16" Conductor Pipe		31'		2 yds Redi-mix to surf			
12 1/4"	8-5/8" OD		1754'		1000			
7-7/8"	5 1/2" OD		3983'		850			
	2-3/8" OD		3820'					

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 9/28/81	Date of Test 10/11/81	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 64#	Casing Pressure Pkr	Choke Size 25/64"
Actual Prod. During Test 99 bbls	Oil-Bbls. 99	Water-Bbls. 0	Gas-MCF 34

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

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.

Jerry W. Schmidt  
(Signature)  
Dist. Drlg. Supt.  
(Title)  
10/13/81  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_

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.