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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 Company		
Address		P.O. Box 1710, Hobbs, N.M. 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)		
New Well	<input type="checkbox"/>	Change in Transporter of:	Please assign a 2,000 bbl. oil testing allowable for the month of October, 1981 to test and complete well.	
Recompletion	<input type="checkbox"/>	Oil		<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas		<input type="checkbox"/>

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		Well No.		Pool Name, Including Formation		Kind of Lease		Lease No.	
State 731		1		Jalmat Yates 7 Rivers		State, Federal or Fee		State E-8077	
Location		Unit Letter		L		Feet From The		West	
Line of Section		25		Township		22S		Range	
								35E	
								, NMPM,	
								Lea	
								County	

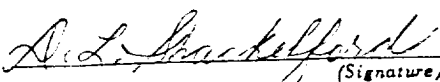
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Name of Authorized Transporter of Oil		or Condensate		Address (Give address to which approved copy of this form is to be sent)	
		Navajo Crude Oil Purchasing				P.O. Box 175, Artesia, N.M. 88210	
		Name of Authorized Transporter of Casinghead Gas		or Dry Gas		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		Unit		Sec.		Twp.	
		L		25		22	
						35	
		Is gas actually connected?		When when permanent bttv is installed			
		No					

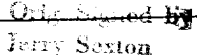
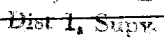
If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA		Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Res'v.		Diff. Res'v.	
Designate Type of Completion - (X)																	
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 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		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.	
	
Engrg. Tech. Spec.	
(Title)	
10-1-81	
(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.	