| NO. OF COPIES RECEIVED | | | |
|------------------------|-----|--|--|
| DISTRIBUTIO | ON | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.5. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |
| Chergion ARCO Oil and | | | |

| DISTRIBUTION SANTA FE | REQUEST FO | SERVATION COMMISSION OR ALLOWABLE AND | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | |
|--|--|---|--|--|
| U.S.G.S. | • | SPORT OIL AND NATURAL GA | S | |
| TRANSPORTER GAS | | | | |
| OPERATOR | | | | |
| Operator ARCO Oil and Ga | as Company | | | |
| Division of Atlantic Rich | ıfield Company | | | |
| P.O. Box 1710, Hobbs, N.M. | M. 88240 | | | |
| Reason(s) for filing (Check proper box) New Well | Change in Transporter of: Oil Dry Gas | allowable during t | 00 bbl. oil testing the month of October, 19 | |
| Recompletion Change in Ownership | Casinghead Gas Condensa | to test and comple | ete. | |
| If change of ownership give name and address of previous owner | | | | |
| . DESCRIPTION OF WELL AND LI | EASE Well No. Pool Name, Including Form | nation Kind of Lease | Lease No. | |
| Lease Name H.S. Record WN | 6 Eunice 7 R Qn So | | or Fee Fee | |
| Location | | 2055 | East | |
| Unit Letter J ; 198 | O Feet From The South Line of | and 2055 Feet From Th | ne | |
| Line of Section 10 Town | ship 22S Range | 36E , NMPM, | Lea County | |
| Line of Section | | | | |
| Name of Authorized Transporter of Oil | | | | |
| The Permian Corporation | | P.O. Box 1183, Houston, Address (Give address to which approve | TX 77001 | |
| Name of Authorized Transporter of Casin | nghead Gas X or Dry Gas | 4001 Penbrook Odessa, T | exas 79760 | |
| Phillips Petroleum Co. | Unit Sec. Twp. Rge. | Is gas actually connected? When | To be connected | |
| If well produces oil or liquids, give location of tanks. | Unit Deat | No aft | er testing is complete. | |
| If this production is commingled with COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | |
| Designate Type of Completion | | Total Depth | P.B.T.D. | |
| Date Spudded | Date Compl. Ready to Prod. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | |
| Perforations | | | | |
| | TUBING, CASING, AND | CEMENTING RECORD | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | |
| | | | | |
| | | | | |
| | | 1 | i and a small on or exceed top gills | |
| V. TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be after able for this def | ter recovery of total volume of load oil pih or be for full 24 hours) | | |
| OIL WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas li) | ft, etc.) | |
| 5416 | | Casing Pressure | Choke Size | |
| Length of Test | Tubing Pressure | Cubing 1 1000 | | |
| Actual Prod. During Test | Oil-Bhis. | 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) | Cosing Pressure (Shut-in) | Choke Size | |
| OF COURT IAN | CF | OIL CONSERVA | ATION COMMISSION | |
| VI. CERTIFICATE OF COMPLIAN | | ABBROVES | , 19 | |
| 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 volume of the co | · · · · · · · · · · · · · · · · · · · | |
| | | BY | | |
| | | TITLE | | |

O.L. Shackelfor

Engrg. Tech. Spec.

(Title)

10/21/81 (Date) 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.