40. OF COPIES RECI	EIVED	İ	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			<u>L</u> _
LAND OFFICE			
TRANSPORTER	OIL		<u> </u>
	GAS		
OPERATOR			
BOOD ATION OFFICE		1	1

}	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.	ALITHODIZATION TO TRAI	- AND NSPORT OIL AND NATURAL G	A C
ł	LAND OFFICE	AUTHORIZATION TO TRAI	NOFORT OIL AND NATURAL 6.	A3
Ì	OIL			
	TRANSPORTER GAS			
	OPERATOR			
1.	PRORATION OFFICE			
	Operator ARCO Oil and O	- · ·		
	Div of Atlanti	c Richfield Co.		
), Hobbs, N M 88241-1710		
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Gas	s [
	Change in Ownership	Casinghead Gas Condens	sate	
	If change of ownership give name			
	and address of previous owner			
		FACE		
11.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
	H. S. Record WN	7 Eunice 7R Qn S	South State, Federal	cr Fee Fee
	Location			
	Unit Letter;	Feet From TheEastLine	e and 660 Feet From T	he South
		225		
	Line of Section 10 Town	nship 22S Range 361	Е , ммрм, Lea	County
	OF THE AMERICA	OFF OF OUT AND NATURAL CA	e	
П.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)
	Texas New Mexico Pipel		P. O. Box 2528, Hobbs,	N M 88240
	Name of Authorized Transporter of Cast		Address (Give address to which approv	ed copy of this form is to be sent)
	Phillips Petroleum Co.	EFFECTIVE: February 1, 19	2001 Penbrook, Odessa,	Tx 79760
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n
	give location of tanks.	N 10 22 36	Yes	12/07/81
	If this production is commingled with	h 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	/3/\ ! = !	X	
		$N = \{X\}$ X Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	9/23/81	12/10/81	39531	3909'
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	3539.0'		3704"	3895'
		6, 30, 33, 37, 47, 50, 5	59, 64, 67, 76, 81, 87,	Depth Casing Shoe
	3890' 3704, 07, 21,		CENENTING DECORD	3,33
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	18"	14" conductor Pipe		2½ yds Redi-mix
	12½"	8-5/8" OD	1115'	650 sx
	7-7/8"	5½" OD	3953'	960 sx
		2-3/8" OD	3895'	<u>i</u>
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil o pth or be for full 24 hours)	and must be equal to or exceed top allow-
	Oll. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	_
		12/29/81		
	11/20/81 Length of Test	Tubing Pressure	Pump Casing Preseure	Choke Size
	24 hr	_		
	Actual Prod. During Test	Cil-Bbls.	Water-Bbis.	Gas-MCF
	33 bbls	22	11	17
				`
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	Actual Prod. 1est-MCF/D	Length of Tout		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
,	CERTIFICATE OF COMPLIANCE	CE	I OIL CONSERVA	TION COMMISSION
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.			10	
		APPROVED, 19		
		BY		
		TITLE		
			li .	
Come 10 Schwicht		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		
Dist. Drlg. Supt.			tests taken on the well in accor	dance with RULE 111.
			able on new and recompleted we	at be filled out completely for allow-
105/00			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.	
		2:e)	well name or number, or transport	ten or other such change of condition. t be filed for each pool in multiply
			Separate Forms C-104 mus of a certered wells.	. De lifed to, each poor in a dropsy

DEVIATION STATEMENT

OPERATOR: _	ARCO OIL & GAS COMPANY	
WELL NAME:	H. S. Record - Well #7	

DATE	DEPTH	DEVIATION
10-1-81 10-1-81 10-1-81 10-2-81 10-3-81 10-4-81 10-5-81 10-5-81	285' 500' 934' 1115' 1205' 1635' 2127' 2621'	1/4 Degree 1/2 degree 1/2 degree 1/2 degree 3/4 degree 1 degree 1/2 degree 1 degree 1 degree 1 degree 1 degree 1 degree
10-9-8 1	3960 '	3/4 009166

The information given above is true and complete to the best of my

knowledge and belief. BABER WELL SERVICING COMPANY STATE OF NEW MEXICO) ss COUNTY OF LEA The foregoing instrument was acknowledged before me this 10th day of Hecenites 1981, by Kelent R. Kamp Notary Public My commission expires July 30 19 83