

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator ARCO Oil and Gas Company Div of Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, N M 88241-1710	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 731	Well No. 4	Pool Name, including Formation Jalmat Yates 7 Rivers	Kind of Lease State, Federal or Fee	State	Lease No. E-8077
Location Unit Letter M : 990 Feet From The South Line and 660 Feet From The West Line of Section 25 Township 22S Range 35E, 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"/> Navajo Crude Oil Purchasing Co.	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, Tx 79762				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 25	Twp. 22	Rge. 35	Is gas actually connected? When Yes 2/25/82

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'y.
		X		X					
Date Spudded 12/08/81	Date Compl. Ready to Prod. 2/24/82		Total Depth 4053'		P.B.T.D. 3979'				
Elevations (DF, RKB, RT, GR, etc.) 3556.6' GR	Name of Producing Formation Yates 7-Rivers		Top Oil/Gas Pay 3764'		Tubing Depth 3647'				
Perforations 3764, 69, 72, 75, 78, 81, 89, 92, 3807, 10, 15, 18, 21, 24, 27, 56, 59, 3862, 65, 68, 71, 74, 77'					Depth Casing Shoe 4052'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17½"	Conductor pipe 14"		30'		2 yds Redi mix				
12½"	8-5/8" OD		1750'		825 sx				
7-7/8"	5½" OD		4052'		1000 sx				
	2-5/8" OD		3647'						

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 2/16/82	Date of Test 3/01/82	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 380#	Casing Pressure 480#	Choke Size 10/64"
Actual Prod. During Test 100 bbl	Oil-Bbls. 99	Water-Bbls. 1	Gas-MCF 61

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (split, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


J.W. Schmitt

(Signature)

Dist. Drlg. Supt.

(Title)

3/02/82

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 15 1982, 19

ORIGINAL SIGNED BY

BY JERRY SEXTONTITLE DISTRICT SUPERVISOR

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 multiple completed wells.