148	BTATE OF NEW MEXICO TROY AND MINERALS DEPARTMENT			Form C-104 Revised 10-1-78	
			ATION DIVISION		
	SANTA FE, NEW MEXICO 87501				
	PILF				
	REQUEST FOR ALLOWABLE				
7.	PADRATION OFFICE				
	ARCO Oil and Gas Company				
	Division of Atlantic'Richfield Co.				
		P.O. Box 1710, Hobbs, New Mexico 88240			
	Keason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Please assign a 1000 bb1 testing allow				
	New Well	Change in Transporter of: Cil Dry G		of March 1982 to	
	Change in Ownership Casinghead Gas Condensate test & complete				
	If change of ownership give name				
	and address of previous owner				
1.	DESCRIPTION OF WELL AND	LEASE	· · · · · · · · · · · · · · · · · · ·		
	Lease Name State 731	Vell No. Pool Name, Including P 4 Jalmat Yate	75		
		4 Jaimat Tate	S /R State, Federa	al or Fee State	
	Unit Letter M 99	O Feel From The South Li	ne and 660 Feet From	The West	
	25 T				
	Line of Section 20 T	mahip 22S Range	35Е , <u>ммрм</u> ,	Lea County	
I.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS		
	Name of Authorized Transporter of Cil	X Cr Condensate	Andress (Give address to which appro		
	Navajo Crude Oil Pur		P.O. Box 175, Artesia, NN Address (Give address to which appro	1 88210 ved copy of this form is to be sent!	
1	Phillips Petroleum Co		4001 Penbrook, Odessa, TX	79762	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?		
	give location of tanks.	L 25 22 35	Yes	2-25-82	
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Bock Same Res'v. Dill. Res'v.	
	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	
ļ			D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
ł					
ļ		· · · · · · · · · · · · · · · · · · ·			
ļ		DRAILOWARIE (Terrenter bas		and must be equal to or erceed top allow	
	OIL WELL				
Ī	Date First New Oil Hun To Tonks Date of Test Producing Method (Flow, pump, gas lift, etc.)		1, etc.)		
ł	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Cii-Bils.	haiet+Bbls.	Gas-MCF	
L	······································	l		· · ·	
1	GAS WELL	,			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condenscie/MMCF	Gravity of Condensate	
$\left\{ \right\}$	Testing Method (pitor, back pr.)	Tubing Pressue (Shut-in)	Cosing Pressure (fbut-in)	Choke Size	
				I	
. (CERTIFICATE OF COMPLIANCE				
I hereby certify that the rules and regulations of the Dil Conservation Division have been complied with and that the information given above in true and complete to the beat of my knowledge and belief.			APPROVED MAR 2 1302		
			BYORIGINAL SIGNED ST	ORIGINAL SIGNED D	
•			TITLE DISTRICT 1 SHEA		
	D. J. Mackellord		This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or despanse		
(Synature)			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.		
Engrg. Tech. Spec.			All sections of this form must be filled out completely for allow-		
	3-1-82	•/	able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner		
<u>3-1-82</u> (Dute)			well name or number, or transporter, or other such change of conditie . Separate Forms C-104 must be filed for each pool in multip		