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TRANSPORTER	OIL		
	GAS		
OPERATOR			
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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-11  
Effective 1-1-85

Operator ARCO Oil and Gas Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
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 Eva Owens	Well No. 3	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter K ; 1650 Feet From The West Line and 2310 Feet From The South					
Line of Section 25 Township 21S Range 37E , 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas New Mexico Pipeline Co.	Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Co.	Box 1589, Tulsa, Okla 74102					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 25	Twp. 21	Rge. 37	Is gas actually connected? Yes	When 1/14/85

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10/16/84	Date Compl. Ready to Prod. 1/12/85		Total Depth 7500'		P.B.T.D. 7487'			
Elevations (DF, RKB, RT, GR, etc.) 3380.5' GR	Name of Producing Formation Wantz Abo		Top Oil/Gas Pay 6815'		Tubing Depth 6804'			
Perforations 7390, 7412, 26, 35, 38, 42, 54, 7459' - 7202, 06, 34, 37, 45, 66, 7322, 47, 51' - 7078.84, 88, 94, 99, 7111, 13, 18, 25, 42, 50, 56, 60, 64, 71' - 6815, 21, 26, 7004'					Depth Casing Shoe 7489'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20" cond pipe		30'		3 yds Redi-mix			
12 1/4"	8-5/8" OD		1302'		555 sx			
7-7/8"	5 1/2" OD		7489'		4000 sx			
	2-3/8" OD		6804'					

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 12/6/84	Date of Test 1/17/85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 73 bbls	Oil - Bbls. 15	Water - Bbls. 59	Gas - MCF 43

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

Elizabeth S. Bush  
(Signature)  
Drlg. Engr.  
(Title)  
1/22/85  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 30 1985, 19  
BY Eddie W. Seay  
TITLE Oil & Gas Inspector

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.

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JAN 29 1985

O.C.D.  
HOMEL OFFICE