

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO OIL AND GAS COMPANY		Well API No. 30-025-30399
Address BOX 1710, HOBBS, NEW MEXICO 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	EFFECTIVE: 5-11, 90
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		

If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name McDONALD WN STATE	Well No. 31	Pool Name, Including Formation JALMAT TAN YATES SR	Kind of Lease STATE State, Federal or Fee	Lease No. A-2614
Location Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line Section 14 Township 22S Range 36E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
WARREN PETROLEUM CO.	BOX 1589, TULSA, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rgn.
Is gas actually connected?	When ?	
YES	12/26/88	5-11, 90

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'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			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

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. OPERATOR 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.

Signature  
James D. Cogburn, Administrative Supervisor  
Printed Name  
5-11, 90  
Date  
392-3551  
Telephone No.

OIL CONSERVATION DIVISION

MAY 14 1990

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

MAY 11 1990

CCO  
HOBBS OFFICE

Date 1/30/89

NOTICE OF ASSIGNMENT OF ALLOWABLE TO A GAS WELL

The operator of the following well has complied with all the requirements of the Oil Conservation Division and the well is hereby assigned an allowable as shown below.

Date of Connection 12/26/88 Date of First Allowable or Allowable Change 12/26/88  
Purchaser El Paso Natural Gas Pool Jalmat  
Operator ARCO Oil & Gas Co. Lease McDonald WN State  
Well No. #31 MWU Unit Letter A Sec. 14 Twp. 22 Range 36  
Dedicated Acreage 640 Revised Acreage \_\_\_\_\_ Difference \_\_\_\_\_  
Acreage Factor 4.00 Revised Acreage Factor \_\_\_\_\_ Difference \_\_\_\_\_  
Deliverability \_\_\_\_\_ Revised Deliverability \_\_\_\_\_ Difference \_\_\_\_\_  
A x D Factor \_\_\_\_\_ Revised A x D Factor \_\_\_\_\_ Difference \_\_\_\_\_

NEW WELL --shares w/#11-D,#27-F,#28-0  
approved by R-4984-A

OCD District No. I

CALCULATION OF SUPPLEMENTAL ALLOWABLE

Previous Status Adjustments.....

MONTH	% OF MO.	PREV.ALLOW.	REV.ALLOW.	PREV.PROD.	REV.PROD.	REMARKS
April						
May						
June						
July						
August						
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
January						
February						
March						
TOTALS						
Allowable Production Difference.....						
Schedule O/U Status.....						
Revised O/U Status.....						
Effective In				Schedule		
Current Classification				To		

Note: All gas volumes are in MCF@15.025 psia.

WILLIAM J. LEMAY, Division Director

By \_\_\_\_\_

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Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	NOTICE OF GAS CONNECTION DATE
Recompletion <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name McDONALD WN STATE	Well No. 31	Pool Name, Including Formation JALMAT TANSEL YATES SRQ	Kind of Lease State, Federal or Fee	Lease No. A-2614
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 14 Township 22S Range 36E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When?
	Yes	12-26-88

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'v
		XX						
Date Spudded 6-13-88	Date Compl. Ready to Prod. 7-8-88	Total Depth 3550		P.B.T.D. 3488				
Elevations (DF, RKB, RT, GR, etc.) 3509.7 GR	Name of Producing Formation JALMAT TAN YTS SRQ	Top Oil/Gas Pay 2940		Tubing Depth 2896				
Perforations				Depth Casing Shoe 3550				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		368		250			
7 7/8	5 1/2		3550		1451			
	2 3/8		2896					

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL 7-11-88

Actual Prod. Test - MCF/D 185	Length of Test 24 HRS	Bbls. Condensate/MMCF --0--	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Press	Tubing Pressure (Shut-in) 320	Casing Pressure (Shut-in) 300	Choke Size 12/64

VI. OPERATOR 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.

Signature James D. Cogburn  
Printed Name James D. Cogburn Services Supr.  
Date 1-9-89 Telephone No. 392-3551

OIL CONSERVATION DIVISION

JAN 31 1989

Date Approved

By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title

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