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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Azzec, NM 87410	IEST FOR ALLOWABLE AND AUTHORIZATION									
I.	TO TRANSPORT OIL AND NATURAL GAS									
Operator		Well API No.								
DAVID H. ARRINGTON O	IL & GAS, INC.	30-029	5-31892							
Address P.O. BOX 2071, MIDLA	ND, TEXAS 79702									
Reason(s) for Filing (Check proper box)	Other (Please explain)									
New Well	Change in Transporter of:									
Recompletion Dil	🗓 Dry Gas 🗆									
Change in Operator Casingh	ad Gas Condensate									
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL AND LEASE V-SR-QN										
Lease Name BRITT PHILLIPS	Well No. Pool Name, Including Formation 2 EUMONT, OIL POOL	Kind of Lease State Federal or Fee	Lease No. LC031621-B							
Location	7)									

Address P.O. BOX 2071,	MTDI AND	TEXA	٦ς 7	970	2					
Reason(s) for Filing (Check proper box		, 111111	10 /	770		ет (Please expla	uin)			
New Well	Ch:	nange in Tra	nsporter o	of:	_					
Recompletion	Oil	X Dr	y Gas							
Change in Operator	Casinghead G	ias 🗌 Co	ndensate							
change of operator give name nd address of previous operator			_							
I. DESCRIPTION OF WEL	L AND LEAS	E		V-	SR-QN					
Lease Name	W				SR-QN ng Formation			of Lease		ease No.
BRITT PHILLIPS		2 F	EUMON	T, 0	IL POO	L	State	Federal or Fe	• LC03	1621-B
Location E	1980			, N	ORTH	330			WEST	
Unit Letter	:	Fe	et From T			e and	Fe	et From The	MESI	Line
10	20-S	_	3	7-E					LEA	
Section Town	ahip	Ra	inge		, N	MPM,			TEN	County
II. DESIGNATION OF TRA	ANSPORTED	OF OU	AND N	A TT	DAT GAS					
Name of Authorized Transporter of Oi		Condensate		AIU		ve address to wh	ich approved	copy of this	form is to be se	ini) (915)
R&K où Co In	<u>ه</u> ا ري ،		L		1	30X 1229				523 205
Name of Authorized Transporter of Ca	singhead Gas	X or	Dry Gas			re address to wh				
WARREN Petrol	eum Co				P.O.	BOX 158	9. TUL	SA. OK	7410	2
If well produces oil or liquids,	Unit Se				Is gas actual	y connected?	When			
ive location of tanks.				37 <u>-E</u>			2	<u>/25/93</u>		
this production is commingled with the COMPLETION DATA	nat from any other l	lease or pool	l, give con	mmingl	ing order num	ber: <u>NO</u>				
V. COMPEDITON DATA	lc	Oil Well	Gas V	Vell	New Well	Workover	Deepen	Plug Rack	Same Res'v	Diff Res'v
Designate Type of Completic	on - (X)	X		. •	l x		Dupus 			
Date Spudded	Date Compl. F		od.		Total Depth	<b>1</b> .	•	P.B.T.D.	<u> </u>	
2/9/93	2/25/	/93			3850			3820		
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ		ation		Top Oil/Gas	Pay		Tubing Dep	<b>th</b>	
3535 GL		EUMONT		3514'			3761			
Perforations 3514, 15, 2 85,89,93,97, 3602	(, 0/,14,1	15,29,	.30.3	9.4	0.41.5	8.60.62	. 64 . 66	Depth Casin	ng Shoe	
84,86,95,3701 (35	HOLES TUI	BING, CA	ASING .	AND	CEMENTI	NG RECOR	D			
HOLE SIZE	CASIN	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12 1/4	8 5/8"		·,		1280			650 s		C
7 7/8	5 1/2	15.5 <sub>4</sub>	<u> </u>		3849			900 s	x Lt &	250 sx
	2 3/8"				3761	<b>.</b>		ļ <u>-</u> -		
. TEST DATA AND REQU	FST FOR AL	LOWAR	LE					<u> </u>		
	er recovery of total			d must	he equal to or	exceed top allo	wahle for thi	s denth or he	for full 24 hou	re l
Date First New Oil Run To Tank	Date of Test				,	ethod (Flow, pu			<del>,0., , ,</del>	
2-25-93	7	-93			T .	mh	. •			
Length of Test	Tubing Pressur	re			Casing Press	ure /		Choke Size		
24 Hrs.	_									
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF	-	
24 Hrs	1.5				11_			105		
GAS WELL								-		
Actual Prod. Test - MCF/D	Length of Test	ı	<del></del>		Bbis. Conder	sate/MMCF		Gravity of	Condensate	
		/=-					······	<u> </u>		
esting Method (pitot, back pr.)	Tubing Pressu	ire (Shut-in)			Casing Press	ure (Shut-in)		Choke Size		
								1		
VI. OPERATOR CERTIF				E		OIL CON	ICEDIA	ATION!	חואופיר	<b>NI</b>
I hereby certify that the rules and re	gulations of the Oil	Conservation	On .		'		10EH V	AHON	אפוזוח	אוע
Division have been complied with a is true and complete to the best of n	ma unat the informat ny knowledge and b	iuon given a belief.	bove			_	_	M۸	R 26 19	193
( ),,		1			Date	Approve	d	1 1/	NO 10	
- In the	Ktrat.		,			<b>4</b>	. ~.			
Signature	· I'N I	<u></u>	<u> </u>		∥ By_	.Or	ig. Signed	i by		
DAVID H. ARRIN	GTON / PF	RESIDE	NT		11		aul Kau Geologia			
Printed Name	·	Tit		_	11		FONSE	•		

3/15/93

915-682-6685

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.