

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

## TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO Oil and Gas Company		Well API No. 30-025-03449	
Address P.O. 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:	
Recompletion	<input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator			

Lease Name <b>ENDURA DE STATE</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>EUMONT YATES 7 RVS QN</b>	Kind of Lease State, Federal or Fee <b>STATE</b>	Lease No. <b>B-1581</b>
Location				
Unit Letter <b>P</b> : <b>660</b> Feet From the <b>SOUTH</b> Line and <b>660</b> Feet From The <b>EAST</b> Line				
Section <b>12</b> Township <b>21 S</b> Range <b>35 E</b> ,NMPM, LEA County				

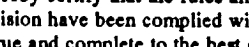
Name of Authorized Transporter of Oil or Condensate EOTT OIL PIPELINE CO					Address (Give address to which approved copy of this form is to be sent) BOX 4666, HOUSTON, TX 77210-4666	
Name of Authorized Transporter of Casinghead Gas or Dry Gas GPM GAS CORP.					Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TX 79760	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	0	12	21	35	YES	UNKNOWN
If this production is commingled with that from any other lease or pool, give commingling order number:						

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			

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

Actual Prod. Test - MCF/D	Length Of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method( <i>pilot, back pr.</i> )	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 COGHURN OPER COORD  
Printed Name Title  
11/17/93 391-1600  
Date Telephone No.

Date Approved NOV 17 1993  
**ORIGINAL SIGNED BY JERRY SEXTON**  
 By DISTRICT 1 SUPERVISOR  
 Title \_\_\_\_\_

- 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.