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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-110
Effective 1-1-65

I. OPERATOR ARCO Oil and Gas Company -
Division of Atlantic Richfield Company

Address
P. O. Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
Change in Operator Name
effective: 4-1-79

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ernest C. Adkins</u>	Well No. <u>6</u>	Pool Name, Including Formation <u>Eunice Monument (GSA)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>
Location Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u>			
Line of Section <u>9</u> , Township <u>21S</u> Range <u>36E</u> , NMPM, <u>Lea</u> 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"/> <u>Shell Pipeline Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1008, Hobbs, N.M.</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Pembroke, Odessa, Tex.</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>9</u>	Twp. <u>21</u>
		Age. <u>36</u>	Is gas actually connected? <u>yes</u>
			When <u>Unknown</u>

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 <u>No Change</u>	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Pool	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 Tanks <u>No Change</u>	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	Casing Pressure	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.

George V. Richis
(Signature)
District Prod. & Drlg. Supt.
3 8 79
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 10 1979, 19____
BY Jerry Sefton
TITLE SUPERVISOR DISTRICT I

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 Sections I, II, III, and VI only 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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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Atlantic Richfield Company 3. Address of Operator P.O. Box 1710, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER <u>P</u> <u>330</u> FEET FROM THE <u>21-S</u> LINE AND <u>36-E</u> FEET FROM THE <u>1</u> LINE, SECTION <u>1</u> TOWNSHIP <u>21</u> RANGE <u>36</u> N.M.P.M.		5. State Oil & Gas Lease No. 7. Unit Agreement Name 8. Name of Lease Name E. C. Adkins. 9. Well No. 6 10. Field and Pool, or Wildcat Eunice-Mon. Grbg. S.A.
15. Elevation (Show whether DF, RT, GR, etc.) 3595' GR		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

October 9, 1974

Cellar was dug out to 15½" surface casing (no bradenhead). Surface has 1" pipe grouted in top of surface extending to ground level w/1" plug valve on top. Surface pipe has cement circulated. Surface pipe master valve has S.C. stenciled on valve, & I.C. stenciled on intermediate casing valve. Cellar filled w/sand. This work performed in accordance w/NMOCC letter dated 9/20/74, subject: casing leak survey signed by Mr. Leslie A. Clements. All work performed was witnessed by Mr. Clements of the Oil Conservation Commission.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED H. T. Konea TITLE Sr. Dist. Prod. Supv. DATE 10/11/74

APPROVED BY Joe D. Ramey TITLE Dist. I. Supv. DATE 10/11/74
 CONDITIONS OF APPROVAL, IF ANY: