

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO OIL AND GAS COMPANY <i>Permian</i>		Well API No. 30-025-0471300
Address P.O. 1710 HOBBS N.M. 88240		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) RECLASSIFIED FROM OIL WELL TO GAS WELL		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE 176	Well No. 7	Pool Name, Including Formation EUMONT YATES 7 RIVERS	Kind of Lease <input checked="" type="checkbox"/> State, Federal or Fee	Lease No.
Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>3630</u> Feet From The <u>EAST</u> Line Section <u>19</u> Township <u>21S</u> Range <u>36E</u> , <u>NMPM</u> , <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> SHELL PIPELINE CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1910, MIDLAND TX. 79701					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TEXACO PRODUCING INC.	Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TX. 79762 P.O. BOX 1231, MIDLAND, TX. 79702					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>19</u>	Twp. <u>21S</u>	Rge. <u>36E</u>	Is gas actually connected? YES	When? UNKNOWN

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.)

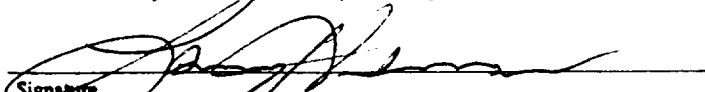
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL 09/07/93

Actual Prod. Test - MCF/D 351	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 45#	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 
Printed Name LARRY HENSON MEAS/OPERATIONS SUPV.
Date 10-15-93 Title 391-1621
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 05 1994

By OFFICIAL DESIGNATED BY JERRY DEXTON
DISTRICT 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.