

SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OIL C-104 and C-107
Effective 1-1-83

Operator		ARCO Oil & Gas Company Division of Atlantic Richfield Company.	
Address		P.O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	Please assign a 6550 bbl oil allowable during the month of Nov. 1984 to test and complete well.	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

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

I. DESCRIPTION OF WELL AND LEASE			
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
Roy Barton	2	Wantz Abo	State, Federal or Fee Fee
Location			
Unit Letter	B	660 Feet From The North Line and 1980 Feet From The East	
Line of Section	23	Township 21S Range 37E, NMPM, Lea County	


II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Texas New Mexico Pipeline Company		P.O. Box 2528 Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Corp.		P.O. Box 1589 Tulsa, Okla 74102	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 23	Twp. 21 Rge. 37
			Is gas actually connected? Yes When 9/14/64

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA									
Designate Type of Completion - (X)									
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 Tanks	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. 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.	
	
Engrg. Tech. Spec.	(Title)
10/30/84	(Date)

OIL CONSERVATION COMMISSION	
APPROVED	OCT 31 1984
BY	ORIGINAL SIGNED BY DISTRICT SUPERVISOR
TITLE	
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 deviated 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 only Sections I, II, III, and VI 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.	