NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND u.s.g.s. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Cperator 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) Other (Please explain) Change in Operator Name New Well Change in Transporter of: 4-1-79 Recompletion Oil effective: Dry Gas Change in Ownership Casinahead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Lease Name Pool Name, Including Formation Kind of Lease مر Unit Letter Feet From The Line of Section NMP III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) 23 give location of tanks. 3 21 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Cil Well me Res'v. Diff. Res'v. Designate Type of Completion = (X)Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. No Change Name of Producing Formation Top Oil/Gas Pay Pool 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 (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) OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pu | Producing Method (Flow, pump, gas lift, etc.) | |
|---------------------------------|-----------------|----------------------------|---|--|
| No Change | | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size | |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas • MCF | |
| | | | | |

Bbls. Condensate/MMCF

Casing Pressure

| İ | Testing Method (p | itot, back | pr.) | Tubing | Pressure |
|---|-------------------|------------|------|--------|----------|
| ı | | | | | |

VL CERTIFICATE OF COMPLIANCE

GAS WELL

Actual Prod. Test-MCF/D

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given

Length of Test

| above is true and complete to the best of my knowledge and belief. | | | | |
|--|--|--|--|--|
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| X level Cickes | | | | |
| (Signature) | | | | |
| District Prod. & Drlg. Supt. | | | | |
| (Title) | | | | |
| ~ 8 7 Q | | | | |
| (Date) | | | | |

| OIL | CONSE | RVATION | COMMISSION |
|-----|-------|---------|------------|
| | | | |

Gravity of Condensate

Choke Size

Fee

County

79201

APPROVED AY

KVISOR DISTRICT

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.