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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
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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-11
Effective 1-1-65

Operator ARCO Oil & Gas Company	
Address Division of Atlantic Richfield Co. 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:
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"/>
Commingled Downhole Effective 2-1-85 DHC #532	

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

DESCRIPTION OF WELL AND LEASE Commgld Downhole w/Tubb Oil & Gas

Lease Name S.J. Sarkeys	Well No. 5	Pool Name, Including Formation Wantz Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>0</u> : <u>1980</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u> Line of Section <u>23</u> Township <u>21S</u> Range <u>37E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) 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"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Okla. 74102				
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 23	Twp. 21	Rge. 37	Is gas actually connected? When Yes 2-5-85

If this production is commingled with that from any other lease or pool, give commingling order number: Surf. R-7642 DHC #532

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

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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

D. L. Shackelford
(Signature)
Engrg. Tech. Spec.
(Title)
2-5-85
(Date)

OIL CONSERVATION COMMISSION
FEB - 6 1985, 19____
APPROVED _____
BY ORIGINAL SIGNED BY JERRY SEXTON
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 casing tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely, except able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of data.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

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FEB - 5 1985

O.C.D.
HOBBS OFFICE