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| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| 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-11
Effective 1-1-85

| | |
|--|---|
| 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: |
| Recompletion <input checked="" 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 Commgld DH w/Drinkard | |

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|---|-----------|
| Lease Name S.J. Sarkeys | Well No. 6 | Pool Name, including Formation Wantz Abo | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter <u>J</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>21S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/> 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 Corp. | 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? <u>Yes</u> When <u>5/19/84</u> | |

If this production is commingled with that from any other lease or pool, give commingling order number: PC219 + DHC #454

III. COMPLETION DATA

| | | | | | | | | |
|---|--|----------|-------------------------|--|----------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover <input checked="" type="checkbox"/> | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded WORKOVER 4/8/84 | Date Compl. Ready to Prod. 5/19/84 | | Total Depth 7370' | | P.B.T.D. 7328' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3368 GR | Name of Producing Formation ABO | | Top Oil/Gas Pay 6891 | | Tubing Depth 7261' | | | |
| Perforations 6891, 6918, 20, 96.5, 28, 7176, 7227, 40, 7286. | | | | | Depth Casing Shoe 7370' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17-1/2" | 13-3/8" OD | | 382' | | 400 | | | |
| 11" | 8-5/8" OD | | 3209' | | 1175 | | | |
| 7-7/8" | 5-1/2" OD liner | | 3052' = 7370' | | 850 | | | |
| | 2-3/8" OD | | 7261' | | | | | |

IV. 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 4-13-84 | Date of Test 5/19/84 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs | Tubing Pressure ----- | Casing Pressure ----- | Choke Size ----- |
| Actual Prod. During Test 30 bbls | Oil - Bbls. 15 | Water - Bbls. 15 | Gas - MCF 28 |

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 |

V. 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.

[Signature]
(Signature)
Engrg. Tech. Spec.
(Title)
5/25/84
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 28 1984, 19_____
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 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 multiple completed wells.

RECEIVED

RECEIVED

MAY 25 1984
C.C.B.
HOBBS OFFICE