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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-110
Effective 1-1-65

Operator ARCO Oil and Gas Company Division of Atlantic Richfield Company	
Address P.O. Box 1710, Hobbs, N.M. 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" 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"/>
Other (Please explain) GAS MUST NOT BE EXPOSED TO IN ACCORDANCE TO LEASE IS OBTAINED.	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nae F. Curry	Well No. Pool Name, including Formation 1 Eumont Yates 7' R Qn	Kind of Lease State, Federal or Fee Fee	Lease No.
Location			
Unit Letter B	660 Feet From The North	Line and 1980	Feet From The East
Line of Section 7	Township 21S	Range 37E	NMPM, Lea County

III. 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)	
The Permian Corporation	P.O. Box 1183, Houston, TX 77000	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 7
	Twp. 21S	Rge. 37E
	Is gas actually connected?	When To be connected when
	No	permanent bttv is installed.

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen. <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 11-1-81	Date Compl. Ready to Prod. 1-30-82	Total Depth 3850'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3508.2' GR	Name of Producing Formation Yates 7' R Qn	Top Oil/Gas Pay 3625'		Tubing Depth 3765'				
Perforations 3625', 27, 39, 42, 46, 50, 55, 59, 62, 3665' 3687, 94, 3701, 04, 07, 12, 15, 28, 36, 53'			Depth Casing Shoe 3850'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
16"	20" Conductor Pipe		32'		2 vds Redi Mix			
12-1/4"	8-5/8" OD		1225'		650 sx			
7-7/8"	5-1/2" OD		3850'		1220 sx			
	2-3/8" OD		3765'					

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 1-11-82	Date of Test 2-2-82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 74 hbbls.	Oil-Bbbls. 70	Water-Bbbls. 4	Gas-MCF 278

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbbls. 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.

James D. Schmidt
(Signature)
Dist. Drlg. Supt.
(Title)
2-3-82
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 1982, 19

BY Orig. Signed By
John S. Smith
TITLE Dist. Drlg. Supt.

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 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