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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, New Mexico 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 EXCEPTED TO R-4070 IS OBTAINED.	

If change of ownership give name
and address of previous owner

WELL HAS BEEN PLACED IN THE POOL
IF YOU DO NOT CONCUR
THIS OFFICE.

R-6890 (2-1-82)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea 407 State	Well No. 6	Pool Name, including Formation San Simon Yates North	Kind of Lease State, Federal or Fee	State State	Lease No. E-1673
Location					
Unit Letter C	Feet From The 660	North	Line and 1980	Feet From The West	
Line of Section 33	Township 21S	Range 35E	N.M.P.M.	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)					
Navajo Crude Oil Purchasing Co.	Drawer 159, Artesia, N.M. 88210					
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	Sec.	Twp.	Rge.	Is gas actually connected?	When To be connected when permanent bttv is installed
					No	

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'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8/31/81	Date Compl. Ready to Prod. 11/4/81	Total Depth 4226'	P.B.T.D. 3948'					
Elevations (DF, RKB, RT, GR, etc.) 3629.7' GR	Name of Producing Formation Yates North	Top Oil/Gas Pay 3787'	Tubing Depth 3884'					
Perforations 3787, 92, 97, 3800, 08, 13, 16, 20, 44, 59, 63, 68, 79, 88, 92, 95'			Depth Casing Shoe 4226'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	14" cond. pipe	30'	2 yds Redi-mix & 50 sy					
12 1/4"	8-5/8" OD	1877'	785					
7-7/8"	5 1/2" OD	4226'	850					
	2-3/8" OD	3884'						

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 10/15/81	Date of Test 11/23/81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 27#	Casing Pressure 27#	Choke Size -
Actual Prod. During Test 33 bbls	Oil - Bbls. 30	Water - Bbls. 3	Gas - MCF 43

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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 W. Schmidt
(Signature)

Dist. Drlg. Supt.
(Title)

12/02/81
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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 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 completed wells.

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OIL COMMERCE DIV.