

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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)	Other (Please explain)
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"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lease Name Lea 407 State		7	San Simon Yates, North	State, Federal or Fee State	E-1673
Location					
Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>					
Line of Section <u>33</u> Township <u>21S</u> Range <u>35E</u> , NMFM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Navajo Crude Oil Purchasing Co Box 175, Artesia, New Mexico 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)		
<u>Phillips Petroleum Co.</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
Is gas actually connected?		When	
No		WOPLC	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)		X		X					
Date Spudded 11/15/81	Date Compl. Ready to Prod.	Total Depth 4135'		P.B.T.D. 3975'					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation Yates	Top Oil/Gas Pay 3816'		Tubing Depth 3953'					
Perforations 3816, 20, 28, 36, 42, 46, 50, 54, 91, 95, 99, 3919, 24, 30, 50, 54'		Depth Casing Shoe 4135'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17 1/2"	13-3/8" OD	30'		2 yds Redi-mix					
12 1/4"	8-5/8" OD	1911'		1000					
7-7/8"	5 1/2" OD	4135'		1100					
	2-3/8" OD	3953'							

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 2/18/82	Date of Test 3/10/82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 55#	Casing Pressure -	Choke Size 64/64"
Actual Prod. During Test 14 bbls	Oil-Bbls. 14	Water-Bbls. 0	Gas-MCF 349

GAS WELL		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (prior, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED <u>MAR 22 1982</u>	
<u>Jerry W. Schmidt</u> (Signature)		ORIGINAL SIGNED BY	
Dist. Drlg. Supt.		<u>JERRY SEXTON</u>	
(Title)		DISTRICT 1 SUPR.	
<u>3/18/82</u> (Date)		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 conditions.	
		Separate Form C-104 must be filed for each pool in multi-	