NO. OF COPIES RECEIVED DISTRIBUTION GANTA FE FILE J.S.G.S. -AND OFFICE I RANSPORTER GAS	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-55	
PRORATION OFFICE				
Operator ARCO Oil and Ga		· · · · · · · · · · · · · · · · · · ·		
Division of Atlant:	ic Richfield Company			
P. O. Box 1710, Hol leason(s) for filing (Check proper be lew We!l lecompletion X Change in Ownership	obs, New Mexico 88240 Change in Transporter of: Oil Dry Ba Casinghead Gas Conder			
lf change of ownership give name and address of previous owner				
DESCRIPTION OF WELL ANI	D LEASE Well No. Pool Dirne, Including F	ormation Kind of Lense	Lense No.	
State "L" Btty 5	7 Eumont Queen (GasState, Federal or	Fee State A-1375	
Lecation	1.0 North	1(50		
Unit Letter <u>C</u> ; <u>9</u> ;	10 Feet From The NOTEN Lin	he and <u>1650</u> Feet From The	west	
Line of Section 3	Cownship 21S Range	36E , UMEM, Lea	County	
III DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	IS		
Name of Authorized Transporter of C	Dil or Condensate	Address (Give address to which approved	copy of this form is to be sent)	
		Address iffive address to which approved	come of this form is to be sent)	
Name of Authorized Transporter of C		4001 Penbrook, Odessa, T		
Phillips Pipeline Com	Unit Sec. Twr. Ege.	Is gas actually connected? When		
it well produces on or inquias, give location of tanks.		No SI	-WOPLC	
	with that from any other lease or pool,	give commingling order number:		
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper.	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Comple	tion $-(X)$ X	X	x x	
Date Spydad WO Commenced	Date Compl. Ready to Prod.	Total Depto	P.B.T.D.	
5/31/83 Elevations (DF, RKB, RT, GR, etc.	6/8/83 ; Name of Producing Formation	6127'	3650' Tubing Depth	
Elevations (DF, RKB, RT, GR , etc. $3518.6'$ GR	Queen Gas		3304'	
Perforations	Queen Gas	J+LJ	Depth Casing Shoe	
3413, 21, 30, 44, 345	4, 65, 3502, 18, 22, 37, 4	49, 3557'	6127'	
		D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	30'	SACKS CEMENT 2 ¹ 3 yds Redi Mix	
1/2 121/1	<u>13-3/8" OD</u> 8-5/8" OD		850 sx	
7-7/8"	5 ¹ / ₃ '' OD	6127'	2200_sx	
	2-3/8" OD	3304 '		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load oil an lepth or be for full 24 hours)	d must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.j	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Cil-Bbis.	Water-Bb.s.	Gas - MCF	
Actual Prod, During Test				
l				
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
Actual Prod. Test-MCF/D 600	Length of Test 8 hrs		_	
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size	
back pr.	185#	Pkr	3/4"	
VI. CERTIFICATE OF COMPLIANCE			FION COMMISSION	
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.		APPROVED FEB 29 1984		
			BYEddie W. Seay	
		BY Eddle W. Secy Dil & Gas Inspector		
		TITLE OIL & Gas	······	
POPL		This form is to be filed in co	ompliance with RULE 1104.	
Colling , Currence		wall this form must be accompan	ble for a newly drilled or deepened ied by a tabulation of the deviation	
(Signature) Drlg, Engr.		tests taken on the well in accord	ance with RULE 111.	
DITE (DIGL)	(Title)	able on new and recompleted wel	t be filled out completely for allow- is.	
12/01/83		Eill out only Sections I II.	III, and VI for changes of owner, r, or other such change of condition.	
	(Date)	Well name of number, of danaporte		