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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

I. OPERATOR
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: Change in Transporter of:
 Recompletion: Oil: Dry Gas:
 Change in Ownership: Casinghead Gas: Condensate:

Other (Please explain): **THIS WELL MUST NOT BE RECOMPLETION TO E-4070**
11/1/82

If change of ownership give name and address of previous owner: THIS WELL WAS FIRST PLACED IN THIS POOL BY [Name] [Address] [City] [State] [Zip] [Date]

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "L" Btty 5	Well No. 7	Pool Name, including Formation Oil Center Blinebry	Kind of Lease State, Federal or Fee State	Lease No. A-1375
Location Unit Letter: C ; 910 Feet From The North Line and 1650 Feet From The West Line of Section: 3 Township: 21S Range: 36E, 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"/> Western Crude Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1142, Midland, Texas 79701					
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 C	Sec. 3	Twp. 21S	Rge. 36E	Is gas actually connected? No	When

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 4/27/82	Date Compl. Ready to Prod. 7/22/82		Total Depth 6127'		P.B.T.D. 5955'			
Elevations (DF, RKB, RT, GR, etc.) 3518.6' GR	Name of Producing Formation Blinebry		Top Oil/Gas Pay 5924'		Tubing Depth 5941'			
Perforations 5924, 27, 36, 39, 45, 48'					Depth Casing Shoe 6127'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8" OD		30'		2 1/2 yds Redi-mix			
12 1/4"	8-5/8" OD		1280'		850 sx			
7-7/8"	5-1/2" OD		6127'		2200 sx			
	2-7/8" OD		5941'					

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 7/6/82	Date of Test 8/6/82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 73	Oil - Bbls. 4	Water - Bbls. 69	Gas - MCF 50

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.


(Signature)

Drlg. Engr. _____
(Title)

11/9/82 _____
(Date)

OIL CONSERVATION COMMISSION
NOV 17 1982

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