

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO OIL AND GAS COMPANY		
Address P. O. Box 1610, Midland, Texas 79702		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "H"	Well No. 5	Pool Name, including Formation Eumont Yates Seven Rivers Queen	Kind of Lease State, Federal or Fee	State	Lease No. B-2139
Location					
Unit Letter <u>I</u> : <u>3591'</u> Feet From The <u>North</u> Line and <u>920'</u> Feet From The <u>East</u>					
Line of Section <u>5</u> Township <u>21S</u> Range <u>36E</u> , NMPM, Lea County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
NA		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Northern Natural Gas Company	Star Route A, Box 338, Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	yes 10-24-86	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Ken W. Gosnell  
(Signature)  
Engr. Tech Spec. 915-688-5672  
(Title)  
10-31-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR  
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.

#### IV. COMPLETION DATA

<b>Designate Type of Completion - (X)</b>		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<b>Date Spudded</b> 8-28-86	<b>Date Compl. Ready to Prod.</b> 10-24-86		<b>Total Depth</b> 3600'			<b>P.B.T.D.</b> 3558'			
<b>Elevations (DF, RKB, RT, CR, etc.)</b> 3581.2 RKB	<b>Name of Producing Formation</b> Queen		<b>Top Oil/Gas Pay</b> 3364'			<b>Tubing Depth</b> 3239'			
<b>Perforations</b> 3364-3453' W/12 holes						<b>Depth Casing Shoe</b> 3600			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
<b>HOLE SIZE</b>	<b>CASING &amp; TUBING SIZE</b>		<b>DEPTH SET</b>			<b>SACKS CEMENT</b>			
12.25"	8.625"		382'			300sx			
7.875"	5.5"		3600'			750sx			
	2.375"		3239'			---			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

<b>Date First New Oil Run To Tanks</b>	<b>Date of Test</b>	<b>Producing Method (Flow, pump, gas lift, etc.)</b>	
<b>Length of Test</b>	<b>Tubing Pressure</b>	<b>Casing Pressure</b>	<b>Choke Size</b>
<b>Actual Prod. During Test</b>	<b>Oil - Bbls.</b>	<b>Water - Bbls.</b>	<b>Gas - MCF</b>

#### GAS WELL

<b>Actual Prod. Test - MCF/D</b> 748	<b>Length of Test</b> 24hrs	<b>Bbls. Condensate/MMCF</b> 0	<b>Gravity of Condensate</b> NA
<b>Testing Method (puot, back pr.)</b> Back Pressure	<b>Tubing Pressure (shut-in)</b> 265	<b>Casing Pressure (shut-in)</b> Pkr	<b>Choke Size</b> 3/4

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