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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator DAVID H. ARRINGTON OIL & GAS, INC.		Well API No. 30-025-32300
Address P.O. BOX 2071, MIDLAND, TEXAS 79702		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name McQuatters State Com	Well No. 1	Pool Name, including Formation Eumont (Yates Seven Rivers)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter F : 1830 Feet From The Queen) West Line and 1980 Feet From The North Line Section 11 Township 21-S Range 36-E, 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)	
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)	
Warren Petroleum Corp.	15 Desta Dr., Midland, Texas 79705	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 11
	Twp. 21-S	Rge. 36-E
Is gas actually connected? Yes		When? 12/29/93
If this production is commingled with that from any other lease or pool, give commingling order number.		

VI. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 11/13/93	Date Compl. Ready to Prod. 12/15/93	Total Depth 3750	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3564 GR, 3570 KBEumont Yates 7-Rivers Queen	Name of Producing Formation 3202	Top Oil/Gas Pay 3202	Tubing Depth 3200					
3202-3592 (37 Holes)			Depth Casing Shoe 3749					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8	DEPTH SET 1296	SACKS CEMENT 400 sx Halib Cl C + 200					
7 7/8	5 1/2	3749	sx Cl C + 4% Gel					
	2 3/8	3200	450 sx Halib Lt+500 Cl					

VII. 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 Tank	Date of Test
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Oil - Bbls.
	Water - Bbls.
	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 270	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (prior, back pr.) Meter	Tubing Pressure (Shut-in) 80	Casing Pressure (Shut-in) 140	Choke Size 32/64

VIII. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature
David H. Arrington/President
Printed Name
12/22/93
Date
915-682-6685
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 11 1994

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.