

OPERATOR
PRODUCTION
SANTA FE
FILE
UNIT NO.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 1-104
Supersedes OIL C-104 and C-111
Effective 1-1-65

1. OWNER ARCO Oil and Gas Company - Division of Atlantic Richfield Company	
ADDRESS P. O. Box 1710, Hobbs, New Mexico 88240	
Reasons for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	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 <input type="checkbox"/>
Change in Operator Name effective: 4-1-79	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name McDonald W N State	Well No. 4	Pay, Lease, including Permitted Jaimat Yates Gas	Kind of Lease State, Federal or Free State	
Location Unit Letter M	990	Feet From The South	Line and 990	Feet From The West
Line of Section 36	Township 22S	Range 36E	NMPM	County Dea

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)
El Paso Natural Gas Co.		P.O. Box 1384, Jal. New Mex.
Is well produces oil or liquids, give location of tanks.	Unit Sec. Cwp. Rge.	Is this naturally connected? <input checked="" type="checkbox"/> When Unknown

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Drill Res'n.	
First Spudded	Date Comp. Ready to Prod.		Total Depth		P.B./T.D.				
No Change									
Perforations	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

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.

Time First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
No Change			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure	Casing Pressure	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.

<u>Serge V. Riches</u> (Signature)	
District Prod. & Drlg. Supt.	
3-9-79	
Date	

OIL CONSERVATION COMMISSION	
APPROVED	APR 1 1979
BY	Jerry Septon
TITLE	DISTRICT SUPERVISOR

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.