

DISTRIBUTION			
SANTA FE			
FILE			
U.S.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-204  
Effective 1-1-85

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 <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" 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"/>
Other (Please explain)	

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

Lease Name R. L. Brunson		Well No. 5	Pool Name, including Formation Hare Simpson	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location						
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East						
Line of Section 4 Township 22S Range 37E, NMPM, Lea County						

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
The Permian Corp.		Box 1183, Houston, TX				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
Warren Petroleum Co.		Box 1589, Tulsa, Okla 74102				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
					Yes	11/17/84

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X			X				X
Date <del>Spud</del> WO 10/17/84	Date Compl. Ready to Prod. 11/19/84	Total Depth 7835'		P.B.T.D. 7545'					
Elevations (DF, RKB, RT, GR, etc.) 3439' GR	Name of Producing Formation Simpson	Top Oil/Gas Pay 7420'		Tubing Depth 7520'					
Perforations 7420, 27, 33, 43, 56, 62, 68, 76, 81, 86, 7509, 17, 20, 7537'				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
17-1/8"	13-3/8" OD	295'		300					
12 1/2"	8-5/8" OD	2978'		1000					
7-3/8"	5 1/2" OD	7828'		600					
	2-3/8" OD	7520'							

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 11/1/84	Date of Test 12/4/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 48 bbls	Oil - Bbls. 16	Water - Bbls. 32	Gas - MCF 16

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION DEC 10 1984	
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 _____, 1984	
Elizabeth L. Rush (Signature)		ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR	
Drlg Engr. (Title)		TITLE _____	
12/5/84 (Date)		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 multiple completed wells.	