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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

Operator ARMER OIL COMPANY		
Address 2110 Continental National Bank Building, Fort Worth, Texas 76102		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FILED AFTER 12/1/73 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name FLUOR	Well No. 2	Pool Name, Including Formation Langlie Mattix SR	Kind of Lease State, Federal or Fee Fee	Lease No. -
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West Line of Section 35 Township 22-S Range 37-E , 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"/> Texas New Mexico Pipe Line Company		Address (Give address to which approved copy of this form is to be sent) P.O.Box 1510, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Negotiating Sale		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 M	Sec. 35	Twp. 22S
		Rge. 37E	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 9/4/73	Date Compl. Ready to Prod. 9/20/73		Total Depth 3638' RKB(Driller)		P.B.T.D. 3621' RKB			
Elevations (DF, RKB, RT, GR, etc.) 3322' RKB	Name of Producing Formation Penrose Sand		Top Oil/Gas Pay 3569' RKB		Tubing Depth 3593' RKB			
Perforations 3596'-3614' (19-0.37" holes)					Depth Casing Shoe 3637' RKB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8" OD		395' RKB		175 sacks			
7 7/8"	5 1/2" OD		3637' RKB		350 Sacks			
-	2 3/8" OD tbq.		3593' RKB		-			

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)

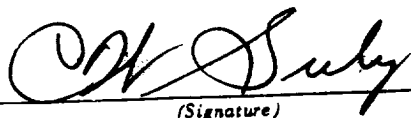
Date First New Oil Run To Tanks 9/22/73	Date of Test 9/22/73	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 15 hrs.	Tubing Pressure 20 PSI	Casing Pressure 50 PSI	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 60	Water-Bbls. 30	Gas-MCF 97

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

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)

Production Manager
(Title)

September 27, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED **007-1973**, 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 completed wells.