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TRANSPORTER	OIL	
	GAS	
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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 <b>ARCO Oil and Gas Company</b> Division of Atlantic Richfield Company		
Address <b>Box 1710, Hobbs, New Mexico 88240</b>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Open Additional Zone
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <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					Dual w/Langley Ellenburger Gas	
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.		
<b>Langley Deep</b>	<b>1</b>	<b>Langley Devonian Gas R-6328</b>	<b>State, Federal or Fee Federal</b>			
Location						
Unit Letter <b>C</b>	<b>990</b>	Feet From The <b>North</b>	Line and <b>2310</b>	Feet From The <b>West</b>		
Line of Section <b>28</b>	Township <b>22S</b>	Range <b>36E</b>	NMPM, <b>Lea</b>		County	

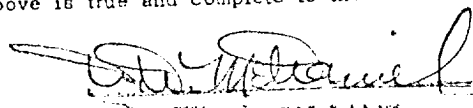
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
<b>The Permian Corp</b>		<b>Box 1183, Houston, Texas</b>				
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)				
<b>El Paso Natural Gas Company</b>		<b>Box 1384, Jal, New Mexico</b>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>C</b>	<b>28</b>	<b>22</b>	<b>36</b>	<b>Yes</b>	<b>2/22/80</b>

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'tv.	Diff. Res'tv.
		<b>X</b>						
Date <del>Sporex</del> work commenced	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<b>2/3/80</b>	<b>2/22/80</b>		<b>15,671'</b>		<b>15,590'</b>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<b>3515.6' GR</b>	<b>Devonian Gas</b>		<b>12,386'</b>					
Perforations					Depth Casing Shoe			
<b>12,386, 402, 11, 19, 27, 37, 49, 61, 70, 84, 96, 12,507, 11, 25'</b>					<b>15,670'</b>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17 1/2"</b>	<b>13-3/8" OD</b>		<b>1425'</b>		<b>1020</b>			
<b>12 1/4"</b>	<b>9-5/8" OD</b>		<b>6200'</b>					
<b>8-3/4"</b>	<b>7" OD</b>		<b>15,670'</b>					

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

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<b>2690</b>	<b>24 hrs</b>	<b>93.7</b>	<b>55.80</b>
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<b>back pr.</b>	<b>5530#</b>	<b>Pkr</b>	<b>32/64"</b>

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.	
	
<b>ROY LANE</b>	
(Signature)	
Dist. Drlg. Supt.	
(Title)	
<b>2/27/80</b>	
(Date)	

OIL CONSERVATION COMMISSION	
<b>MAR 4 1980</b>	
APPROVED _____, 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 multiple	