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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 ARCO Oil & Gas Company Divison of Atlantic Richfield Company	
Address P. O. Box 1710, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Langley Griffin	Well No. 1	Pool Name, including Formation Undesignated Langley Dev. Gas	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 28 Township 22S Range 36E , NMPM, Lea 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) P. O. Box 1183, Houston, Texas					
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) P. O. Box 1384, Jal, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 28	Twp. 22S	Rge. 36E	Is gas actually connected?	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 12/31/79	Date Compl. Ready to Prod. 7/30/80		Total Depth 15,656'		P.B.T.D. 15,539'			
Elevations (DF, RKB, RT, GR, etc.) 3488.4' GR	Name of Producing Formation Devonian Gas		Top Oil/Gas Pay 12,435		Tubing Depth			
Perforations 12,435-12,668'					Depth Casing Shoe 15,638'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8" OD		1405'		1050			
12-3/4"	9-5/8" OD		6224'		4200			
8-3/4"	7" OD		15,638'		3275			
	2-3/8" OD		12,312'					

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.)	
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 3,277	Length of Test 8 hr	Bbls. Condensate/MMCF 16	Gravity of Condensate 55.4°
Testing Method (pitot, back pr.) 4 pt.	Tubing Pressure (Shut-in) 2717#	Casing Pressure (Shut-in) pkc	Choke Size Various

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.

W.D. Williams
(Signature)

Dist. Drlg. Supt.

(Title)

8/4/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

AUG 3 1980

SUPERVISOR DISTRICT 1

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.