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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL		
GAS		
OPERATOR		
PRORATION OFFICE		

I.

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 ☐   Change in Transporter of:

Recompletion ☐   Oil ☐   Dry Gas ☐

Change in Ownership ☐   Casinghead Gas ☐   Condensate ☐

Other *(Please explain)*
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 *T. M. Lankford WN*   Well No. *1*   Pool Name, Including Formation *Langlie Mattix 7R Queen*   Kind of Lease State, Federal or Fee *Fee*

Location

Unit Letter *C* ; *1980* Feet From The *West* Line and *660* Feet From The *North*

Line of Section *25*, Township *23S* Range *36E*, NMPM, *Lea* County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas New Mexico Pipeline Co.

Address *(Give address to which approved copy of this form is to be sent)*
P.O. Box 1510, Midland, Texas.

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
El Paso Natural Gas Co.

Address *(Give address to which approved copy of this form is to be sent)*
P.O. Box 1384, Jal, N.M.

If well produces oil or liquids, give location of tanks.

	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	*25*	*23*	*36*	*Yes*	*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'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
No Change			

Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE *(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)*

OIL WELL

Date 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/MMCF	Gravity of Condensate

Testing Method *(pitot, 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.

X _George V. Ricks_
(Signature)

District Prod. & Drlg. Supt.
(Title)

3-9-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 ____

BY _Jerry Sexton_

TITLE ___SUPERVISOR DISTRICT I___

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.

Separate Forms C-104 must be filed for each pool in multiply