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	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-11  
Effective 1-1-65

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)	Other (Please explain)
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"/>

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

II. DESCRIPTION OF WELL AND LEASE				
Lease Name B. Davis	Well No. 2	Pool Name, including Formation Jalmat Tansill Yates 7R Gas	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N : 330 Feet From The South Line and 2310 Feet From The West Line of Section 34 Township 23S 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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)
El Paso Natural Gas Co.	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When No SI, WOPLC

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 X X X X		
Date Spudded 11/4/40	Date Compl. Ready to Prod. 4/13/84	Total Depth 3607'	P.B.T.D. 3278'
Elevations (DF, RKB, RT, GR, etc.) 3392' DF	Name of Producing Formation Yates 7Rivers	Top Oil/Gas Pay 3048'	Tubing Depth 3155'
Perforations 3048, 56, 62, 71, 78, 87, 93, 3106, 12, 18, 32, 37, 42, 52, 56, 61, 70, 86, 3226, 30, 3240'			Depth Casing Shoe 3532'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
16"	10-3/4" OD	279'	200
8 1/4"	7" OD	1368'	225
6-5/8"	5" OD	3532'	255
	2-7/8" OD	3155'	

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 306	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pitot, back pr.) back pr.	Tubing Pressure (Shut-in) 220#	Casing Pressure (Shut-in) 300#	Choke Size 32/64"

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION SEP 24 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 _____, 19____	
 Dr. E. B. B. B. (Signature)		BY <u>Edie W. Seay</u>	
Dr. E. B. B. B. (Title)		TITLE <u>Oil &amp; Gas Inspector</u>	
5/02/84 (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.	