

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
ARCO Oil and Gas Company

Address  
P. O. Box 949, Andrews, Tx. 79714

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)  
*Change lease name from G. W. Toby to A. L. Stafford*

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name G. W. Toby	Well No. 2	Pool Name, including Formation Lanolia Mattix 7 R On. GB	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>A</u> : <u>660</u> Feet From The <u>East</u> Line and <u>666</u> Feet From The <u>North</u>					
Line of Section <u>13</u> Township <u>24S</u> Range <u>37E</u> , 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 Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384, Jal, New Mex. 88252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	B 13 24S 37E yes unknown

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

A.L. Stafford *(Signature)*  
Area Production Superintendent  
March 16, 1988  
*(Date)*

OIL CONSERVATION DIVISION

APPROVED MAR 18 1988, 19  
BY CHIEF OF DIVISION JERRY SEXTON  
TITLE DIRECTOR

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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well	Workover	Deepen XX	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2/4/88	Date Compl. Ready to Prod. 2/28/88		Total Depth 3853'			P.B.T.D. 3848'			
Elevations (DF, RKB, RT, GR, etc.) 3318 GR	Name of Producing Formation Langlie Mattix SK 2		Top Oil/Gas Pay 3521			Tubing Depth 3808'			
Perforations 3521-3810'						Depth Casing Shoe 3848'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
		13		229		250			
		9-5/8		2845		500			
		7		3444		100			
		4-1/2		3850		100			

#### 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 Tank 3/2/88	Date of Test 3/9/88	Producing Method (Flow, pump, gas lift, etc.) Pod pump	
Length of Test 24	Tubing Pressure 30	Casing Pressure 30	Choke Size 1 1/2
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 119	Gas - MCF 3

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Gauge - lbs)	Casing Pressure (Gauge - lbs)	Choke Size

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MAR 17 1988

JOCD  
OIL & GAS OFFICE