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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-110
Effective 1-1-65

Operator ARCO Oil & Gas Company Division of Atlantic Richfield Co.	
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 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"/>
Re Entry	

If change of ownership give name
and address of previous owner

Lease Name Melba Goins		Well No. 1	Pool Name, Including Formation Langlie Mattix 7 Rivers Qu.	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter P ; 330 Feet From The South Line and 990 Feet From The East Line of Section 27 Township 23S Range 37E , NMPM, Lea County						

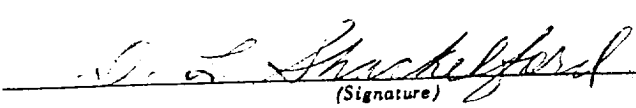
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Co.		Address (Give address to which approved copy of this form is to be sent) Box 2648, Two Shell Plaza, Houston, Texas				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.		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 P	Sec. 27	Twp. 23S	Rge. 37E	Is gas actually connected? Yes	When 9-25-80

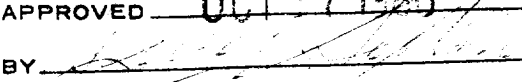
If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X X				Reentry					
Date Spudded WO Commenced 8-18-80	Date Compl. Ready to Prod. 9-25-80		Total Depth 9825'		P.B.T.D. 3550'				
Elevations (DF, RKB, RT, GR, etc.) 3272' RKB	Name of Producing Formation 7 Rivers Queen		Top Oil/Gas Pay 3382'		Tubing Depth 3338'				
Perforations 3382, 95, 3400, 03, 13, 19, 23, 26, 43, 66'					Depth Casing Shoe 9736'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/4"	13-3/8" OD		306'		325				
11"	8-5/8" OD		2900'		2000				
7 3/8"	5-1/2" OD		9736						
	2-7/8" OD		3338'						

Date First New Oil Run To Tanks 9-20-80		Date of Test 9-30-80	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure Pkr	Choke Size 22/64"	
Actual Prod. During Test 20 bbls	Oil - Bbls. 16	Water - Bbls. 4	Gas - MCF 85	

Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)		Tubing Pressure (shut-in)	Casing Pressure (shut-in)	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.	
	
Engrg. Tech. Spec.	(Title)
10/8/80	(Date)

OIL CONSERVATION COMMISSION	
APPROVED	OCT 17 1980
BY	
TITLE	SUPERVISOR
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.	