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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator ARCO Oil and Gas Company		Well API No. 30-025-26882
Address P.O. Box 1710, Hobbs, New Mexico 88240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name FREDERICK H. CURRY WN	Well No. 4	Pool Name, Including Formation JALMAT TAN YATES SEVEN RVS	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter K : 1980 Feet From the SOUTH Line and 1980 Feet From The WEST Line Section 1 Township 24 S Range 36 E ,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"/> KOCH OIL CO	Address (Give address to which approved copy of this form is to be sent) BOX 1558, BRECKENRIDGE, TX 76024					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TEXACO EXP. & PRODUCTION	Address (Give address to which approved copy of this form is to be sent) BOX 3000, TULSA, OK 74102					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 1	Twp. 24	Rge. 36	Is gas actually connected? YES	When? 11-5-93
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
Date Spudded 09/21/93	Date Compl. Ready to Prod. 10/22/93		Total Depth 3750			P.B.T.D. 3445		
Elevations (DF, RKB, RT, GR, etc.) 3355.4 GR	Name of Producing Formation YATES		Top Oil/Gas Pay 2962			Tubing Depth 3405		
Perforations 2962 - 3414						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
	8 5/8		1160			650 SX --- SURF		
	5 1/2		3750			1100 SX --- SURF		
	3.375		3405					

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.)

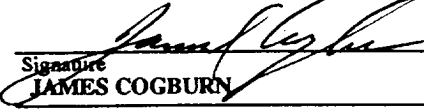
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL TEST DATE **11/09/93**

Actual Prod. Test - MCF/D 240	Length Of Test 24 HRS	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitot, back pr.) SALES LINE	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature 
Printed Name **JAMES COGBURN** OPRE. COORD.
Title
Date **11/19/93** Telephone No. **391-1621**

OIL CONSERVATION DIVISION

NOV 23 1993

Date Approved _____

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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