		-			
٢	NO. OF COPIES RECEIVED				
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+			ONSERVATION COMMISSION	Form C-104	
-	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE		AND	_	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GA	.5	
	LAND OFFICE				
	TRANSPORTER OIL				
	GAS		·		
T	OPERATOR				
. t	PRORATION OFFICE				
I.	Cperator ARCO 011 & Ga	c. Company]	
	· AKUU ULI U Ga				
	<u>Division of Atlantic R</u>	ICHIICIG Company	······································		
	P. O. Box 1710, Hobbs,	New Mexico 88240	Other (Please explain)		
	Reason(s) for filing (Check proper box)	· · · · ·	Other (rieuse explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Gas			
	Change in Ownership	Casinghead Gas Conden	sate		
L					
	If change of ownership give name				
1	and address of previous owner				
T PROCEDURINON OF HER T AND T FACE					
	DESCRIPTION OF WELL AND L Lease Name	Well No. Pool Name, Including Fo	Kind of Lease	Lease No.	
			Came Dadama	pr Fee Fee	
	Frederick H. Curry WN	5 Langlie Matti	X /K Qh		
	Location				
Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West					
Line of Section 1 Township 24S Range 36E , NMPM, Lea Co					
1					
	DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil	N or Condensate	Address (Give address to which approve	d copy of this form is to be sent)	
	The Permian Corporatio		P. O. Box 1183, Houston	. Texas	
	Name of Authorized Transporter of Casi	inghand Gas Vi or Dry Gas	Address (Give address to which approve		
			1	1	
	El Paso Natural Gas Co		P. O. Box 1384, Jal, New Mexico		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.			
	give location of tanks.	N 1 24S 36E	Yes	/04/81	
	t it is a duction in commingled with	h that from any other lease or pool.	give commingling order number:		
117	this production is commingled with that from any other lease or pool, give commingling order number: OMPLETION DATA				
14.		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	n = (X)	X		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	1/04/81	3800'	3730'	
	11/3/80		Top Oll/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			
	3343.7' GR	7 Rivers Qn. OK	3428'	3689'	
	Perforations	Ű		Depth Casing Shoe	
	3428-3612', 3660-3708'			3800'	
TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	122	8-5/8" OD	1103'	650	
	7-7/8"	5 ¹ / ₃ " OD	3800'	1030	
	1-1/0		3689'		
		2-3/8" OD	5009		
]			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-	
• •	able 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	,,	
	12/13/80	1/14/81	Pump		
	Length of Tent	Tubing Pressure	Casing Pressure	Choke Size	
	24 hrs	-			
	Actual Prod. During Test	Oll-Bbls.	Water-Bbls.	Gas-MCF	
	47 Bbls	31	16	198	
	1 47 DU12	L			
	A 4 A 10775 -				
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Tost-MCF/D	Longin of 1000			
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cubing trobbute (Dirice and)		
\ /#	CERTIFICATE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION	
**	UEALIFICALE OF COMPLEXATOR			1301 3	
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED	, 19	
				11/2	
	above is true and complete to the	e best of my knowledge and belief.	BY		
	-		TITLE CUTTER IS OF USURICITY		
	$\bigcap \qquad \times \otimes \bigcap \geqslant i$		This form is to be filed in c	ompliance with RULE 1104.	
		· +	Tratic is a sequent for allowable for a newly drilled or despend		
	(Signature)		well, this form must be accompanied by a tabulation of the doviation tests taken on the well in accordance with RULE 111.		
	Dist. Drlg. Supt.	(d =)	All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner,		
	•	ille)			
	1/15/81		Fill out only Sections I. II	, III, and VI for changes of condition, er, or other such change of condition.	
		at*/	. Welt Dama or Chumper or Cateshore		

1.57 03	Dat*)
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well name or number, or transporter, or other such change of condition. Separate Forma C-104 must be filed for each pool in multiply re-matted walls.