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TRANSPORTER	OIL	
	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 and Gas Company Division of Atlantic Richfield Co	
Address P. O. Box 1710, Hobbs, N M 88241-1710	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" 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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Dual w/Langlie Mattix 7R Oil	
Lease Name E. L. Steeler WN	Well No. 5	Pool Name, including Formation Jalmat Tansill Yates 7R Gas	Kind of Lease State, Federal or Fee Fee
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 19 Township 23S Range 37E , NMPM, Lea County			

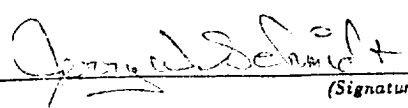
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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, N.M. 88252					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 19	Twp. 23S	Rge. 37E	Is gas actually connected? yes	When 12-18-81

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 1/20/81	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.) 3333.4' GR	Name of Producing Formation Tansill Yates 7R Gas
Perforations 2913, 18, 24, 30, 37, 44, 50, 56, 62, 68, 73, 90, 94, 99, 3024, 36, 52, 58, 63, 68, 76, 3108, 12'	Top Oil/Gas Pay 2913'
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
17 1/2"	13-3/8" OD
12 1/4"	8-5/8" OD
7-7/8"	5 1/2" OD
	2-3/8" OD
DEPTH SET	SACKS CEMENT
30'	3 yds Redi-Mix
1185'	850 sx circ to surf
3898'	900 sx TOC @ 1110'
3505'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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
Length of Test	Producing Method (Flow, pump, gas lift, etc.)
Actual Prod. During Test	Tubing Pressure
	Casing Pressure
	Choke Size
	Water-Bbls.
	Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D 296	Length of Test 24 hrs
Testing Method (pitot, back pr.) Back pr	Tubing Pressure (Shut-in) 200#
	Bbls. Condensate/MMCF -
	Gravity of Condensate -
	Casing Pressure (Shut-in) 210#
	Choke Size 20/64"

VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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____
 (Signature)	BY _____
Dist. Drlg. Supt. (Title)	TITLE _____
8/18/81 (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 multiply completed wells.

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AUG 25 1981

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