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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 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

Lease Name E. L. Steeler WN	Well No. 5	Pool Name, including Formation Langlie Mattix 7 R Qn.	Kind of Lease State, Federal or Fee Fee	Lease No.
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, New Mexico 88240					
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 0	Sec. 19	Twp. 23S	Rge. 37E	Is gas actually connected? yes	When 4-8-81

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-20-81	Date Compl. Ready to Prod. 3-17-81		Total Depth 3898'		P.B.T.D. 3805'			
Elevations (DF, RKB, RT, GR, etc.) 3333.4 GR	Name of Producing Formation 7 Rivers Queen		Top Oil/Gas Pay 3418'		Tubing Depth 3733'			
Perforations 3418, 24, 32, 78, 83, 91, 3508, 14, 20, 26, 32, 37, 42, 72, 80, 86, 92, 98, 3607, 13, 20, 31, 44, 52, 64	TUBING, CASING, AND CEMENTING RECORD		70, 75, 88, 95		Depth Casing Shoe 3898'			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" OD		30'		3 yds Redi-Mix			
12 1/4"	8 5/8" OD		1185'		850 sx Circ to surf.			
7 7/8"	5 1/2" OD		3898'		900 sx TOC @ 1110'			
	2 3/8" OD		3733'					

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 3-8-81	Date of Test 5-3-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 5 Bbls	Oil - Bbls. 3	Water - Bbls. 2	Gas - MCF 38

GAS WELL

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.

Jerry D. Schmidt
(Signature)
Dist. Drlg. Supt.
(Title)

5-15-81

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Supervisor of Oil

TITLE _____

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 Form C-104 must be filed for each pool in multiply