

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

RECEIVED
OIL CONSERVATION COMMISSION
JAN 11 1981
SANTA FE, N.M.

I. Operator ARCO Oil & Gas Company
Division of Atlantic Richfield Co.
Address
PO Box 1710, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name G. W. Toby	Well No. 5	Pool Name, Including Formation Langlie Mattix 7 R Qn	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 12 Township 24S Range 36E , 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"/> Western Crude Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) PO Box 1744, Eunice, N. M. 88231			
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) PO Box 1384, Jal, N. M. 88252			
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 12	Twp. 24S	Rge. 36E
Is gas actually connected? No		When permanent Btty is installed		

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 checked="" type="checkbox"/>	Gas Well <input 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 12-17-80	Date Compl. Ready to Prod. 1-25-81		Total Depth 3800'		P.B.T.D. 3695'			
Elevations (DF, RKB, RT, GR, etc.) 3316.7'GR	Name of Producing Formation Seven Rivers Qn		Top Oil/Gas Pay 3506'		Tubing Depth 3756'			
Perforations 3730,45,52,61,76'. 3506,12,44,79,85, 3602,10,17,27,40,50,55, 3663,69,82'					Depth Casing Shoe 3800'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD		1142'		850			
7-7/8"	5-1/2"OD		3800'		1000			
	2-7/8"OD		3756'					

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 Tanks 1-15-81	Date of Test 3-2-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure ---	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 79 bbls.	Oil-Bbls. 29	Water-Bbls. 50	Gas-MCF 12

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.

W.D. Wetzel for J.W. Schmidt
(Signature)

Dist. Drlg. Supt.
(Title)

3-5-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

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 Forms C-104 must be filed for each pool in multiply latered wells.