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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

I. Operator **ARCO Oil & Gas Company**
Division of Atlantic Richfield Company

Address
PO 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 **Duthie Andrews WN** Well No. **5** Pool Name, including Formation **Langlie Mattix 7 R Qn** Lease # **LC-054453**

Location
Unit Letter **P** ; **660** Feet From The **South** Line and **785** Feet From The **East**

Line of Section **18** , 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"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation Permian (Eff. 9 / 1 / 87)	PO Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	PO Box 1384, Jal, New Mex. 88252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	19	23S	37E	yes	2-15-81

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 checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 12-29-80	Date Compl. Ready to Prod. 2-3-81	Total Depth 3750'	P.B.T.D. 3703'					
Pool 3314'GR	Name of Producing Formation 7 R Queen	Top Oil/Gas Pay 3332'	Tubing Depth 3678'					
Perforations 3332, 67, 78, 94, 3419, 32, 38, 44, 52, 75, 81, 97, 3507, 47, 56			Depth Casing Shoe 3750'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"OD	1165'	850
7-7/8"	5-1/2"OD	3750'	900 sx
	2-7/8"OD	3678'	

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 2-3-81	Date of Test 3-2-81	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure --
Actual Prod. During Test 45 hbbls	Oil-Bbls. 40	Water-Bbls. 5
		Gas-MCF 123

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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.

For J.W. Schmidt
(Signature)

Dist. Drlg. Supt.
(Title)

3-5-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE SUPERVISOR

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 Sections I, II, III, and VI only 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 unitively