

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
8/11/81
EXCEPTION NO 8400
6/29/81

Operator ARCO Oil & Gas Company Division of Atlantic Richfield Company Address P.O. Box 1710, Hobbs, N.M. 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 Whitten	Well No. 1	Pool Name, including Formation Jalmat Yates 7R Queen	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter F ; 1650 Feet From The North Line and 2310 Feet From The West Line of Section 33 Township 23S 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) P.O. 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 Company	Address (Give address to which approved copy of this form is to be sent) Jal, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 33	Twp. 23S	Rge. 36E	Is gas actually connected? No	When To be connected when permanent bttty 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 2-9-81	Date Compl. Ready to Prod. 4-8-81		Total Depth 3748'		P.B.T.D. 3730'			
Elevations (DF, RKB, RT, GR, etc.) 3415.5' GR	Name of Producing Formation Yates 7R Queen		Top Oil/Gas Pay 3480'		Tubing Depth 3686'			
Perforations 3480,86,91,35,03,24,32,41,48,75,80,86,92,3616,20,29,37,42,47,52, 64,70,76,82,3701.06'					Depth Casing Shoe 3748'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" OD		1287'		600			
7-7/8"	5-1/2" OD		3748'		850			
	2-3/8" OD		3686'					

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 3-23-81	Date of Test 6-11-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 25#	Casing Pressure 25#	Choke Size -0-
Actual Prod. During Test 27 bbl.	Oil - Bbls. 22	Water - Bbls. 5	Gas - MCF 73

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.

D.D. Michael & J.W. Schmidt
(Signature)

Dist. Drlg. Supt.

(Title)

6/12/81

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 must be filed for each pool in multiply