

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator ARCO OIL AND GAS COMPANY	Well API No. 30-025-27249
Address P.O. 1710 HOBBS N.M. 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name FREDERICK H. CURRY WN	Well No. 6	Pool Name, Including Formation JALMAT T. YATES 7RQ	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/>	Lease No. FEE
Location				
Unit Letter L	1980	Feet From The SOUTH	Line and 660	Feet From The WEST
Section 1	Township 24S	Range 36E	LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
TEXACO EXPLORATION & PRODUCTION	P.O. BOX 3000, TULSA, OK. 74102					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.	Rge.	Is gas actually connected? YES	When? 5-28-93
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	Gas Well X	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded 5-17-93	Date Compl. Ready to Prod. 5-28-93		Total Depth 3747		P.B.T.D. 3412			
Elevations (DF, RKB, RT, GR, etc.) 3356.9	Name of Producing Formation YATES		Top Oil/Gas Pay 2940		Tubing Depth 3215			
Perforations 2940-3392 w/35 .40" SHOTS					Depth Casing Shoe 3747			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	8 5/8		1110		650 CIRC			
	5 1/2		3747		1410 CIRC			
	2 3/8		3215					

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 82	Length of Test 24 HRS.	Bbls. Condensate/MMCF -0-	Gravity of Condensate
Testing Method (pilot, back pr.) SALES LINE	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size WO

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
James Cogburn
Printed Name
6-28-93
Date

Operation Coordinator
Title
391-1621
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
JUN 30 1993

By
Orig. Signed by
Paul Kautz
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.