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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

Operator	ARCO Oil and Gas Company Division of Atlantic Richfield Company	CASINGHEAD GAS MUST NOT BE FLARED AFTER 10/35/81
Address	P.O. Box 1710, Hobbs, New Mexico 88240	UNLESS AN EXCEPTION TO 8-4070 IS OBTAINED. From 11.8.8-8
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 \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Duthie Andrews Fed	1	Langlie Mattix 7R Qn	State, Federal or Fee Fed	LC-032726
Location				
Unit Letter	0	1980	Feet From The East	660
Line of Section			Range	County
18			23S	37E, NMPM, Lea

II. 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	P.O. Box 1183, Houston, TX 77000					
Name of Authorized Transporter of Casinghead Gas <input checked="" 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.	P.O. Box 1384, Jal, NM 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When To be connected upon approval of Commingling of surface bttty facilities.
	0	18	23S	37E	No	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.	
X	X		X						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
6-19-81	9-26-81	3755'	3710'						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
3331.8'GR	Seven Rivers Queen	3394'	3629'						
Perforations	3394, 99, 3487, 91, 3524, 32, 42, 46, 54, 70, 82, 86, 96, 3606, 11, 18, 3633'					Depth Casing Shoe			
					3755' OK by Paul X.				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	14" Conductor Pipe		30'		4 yds Redi-Mix				
12-1/4"	8-5/8" OD		1165'		850 sx				
7-7/8"	5-1/2" OD		3755'		750 sx				
	2-3/8" OD		3629'						

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)

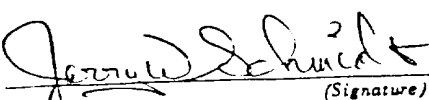
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8-25-81	10-12-81	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
55 bbls	27	28	125

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.


  
(Signature)  
Dist. Drlg. Supt.

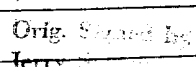
10-13-81

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19

BY   
Dist. Drlg. Supt.

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 completed wells.

LOCATION 660' FSL & 1980 FEL Sec 18-23S37E

OPERATOR ARCO Gas & Oil Company

Drilling Contractor Marx Drilling, Inc.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

[illegible]

DRILLING CONTRACTOR    Marc Drilling, Inc.

BY Chas. B. Smith Pres.

Subscribed and sworn to before me this 17th day of August 19 81

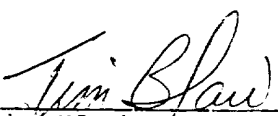
Av comm. expires 1/2-20-84

Anna Gulyas  
Notary Public

DEVIATION TEST  
ARCO OIL AND GAS CO.  
DUTHIE ANDREWS FED. # 1

<u>DATE</u>	<u>DEVIATION</u> (Degrees)	<u>DEPTH</u> (Feet)
6-20-81	I	460
6-21-81	I/2	927
6-26-81	I/2	1160

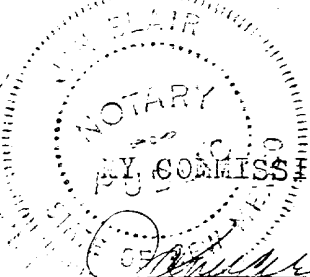
BB&H DRILLING CO.

  
\_\_\_\_\_  
Tim Blair  
Vice-president

SUBSCRIBED AND SWORN TO BEFORE ME THIS 1 DAY OF JULY,  
A.D. 1981.

  
\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR  
LEA CO., NEW MEXICO

MY COMMISSION EXPIRES

  
February 2, 1985