

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

I.

State of New Mexico
 Oil, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

L

Operator ARCO Oil and Gas Company		Well API No. 30-025-25469- 24469	
Address P.O. Box 1710, Hobbs, New Mexico 88240			
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain) CHANGE WELL NAME FROM W.H. HARRISON D WN #6	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input 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	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
W.H. HARRISON D WN COM	6	JALMAT TANSILL YATES SR	FEE	
Location				
Unit Letter <u>N</u> : <u>660</u> Feet From the <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>WEST</u> Line				
Section <u>29</u> Township <u>24S</u> Range <u>37E</u> ,NMPM, 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 EXP. & PROD. INC.					BOX 3000, TULSA, OK 74102	
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected?
						YES
						When? 06/01/77

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.									
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth									
Perforations							Depth Casing Shoe										
TUBING, CASING AND CEMENTING RECORD																	
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT									

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 (<i>Flow, pump, gas lift, etc.</i>)	
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	Length Of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method(<i>pitot, back pr.</i>)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 _____

9/24/93

Date _____

OPER. COORD.

Title

(505)391-1621

Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved SEP 27 1993

By _____ **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT 1 SUPERVISOR

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.

RECEIVED

SEP 24 1993

**UCC ROBB
OFFICE**