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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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## 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 & Gas Company	
Address		Division of Atlantic Richfield Company	
P. O. Box 1710, Hobbs, New Mexico 88240			
Reason(s) for filing (Check proper box)		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 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State "Y"	10	Justis Tubb Drinkard	State, Federal or Fee State	R-11478
Location				
Unit Letter	H	2310 Feet From The North	Line and 990	Feet From The East
Line of Section	25	Township 25S	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)					
Texas New Mexico Pipeline Co.	P. O. Box 2528, Hobbs, New Mexico 88240					
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, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	25	25S	37E	Yes	5/30/80

If this production is commingled with that from any other lease or pool, give commingling order number: R-1337

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X					X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
12/8/76	5/30/80		7510'		7148'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3059.2' GR	Tubb Drinkard		5711'		6041			
Perforations	5711, 21, 55, 62, 74, 78, 5804, 18, 5913, 44, 59, 86, 6020, 6032'.				Depth Casing Shoe			
				7510'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8" OD		505'		470			
12 1/4"	9-5/8" OD		3350'		518			
8-3/4"	7" OD		7510'		600			

## 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.)	
5-26-80	6-11-80	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
12 Bbls	10	2	38

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

OIL CONSERVATION COMMISSION

APPROVED

JUN 16 1980

, 19

BY

TITLE

SUPERVISOR DISTRICT

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.

For: LEROY LANE

(Signature)

Dist. Drlg. Supt.

(Title)

6/12/80

(Date)

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5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-11478
7. Unit Agreement Name
8. Form or Lease Name State "Y"
9. Well No. 10
10. Field and Pool, or Wildcat Justis Tubb Drinkard
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator ARCO Oil & Gas Company Division of Atlantic Richfield Company
3. Address of Operator P. O. Box 1710, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER H 2310 FEET FROM THE North LINE AND 990 FEET FROM THE East LINE, SECTION 25 TOWNSHIP 25S RANGE 37E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3059.2' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER Perforate, acidize, frac, complete <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

On 5/15/80 ran CBL 4500' to surf. Perf'd @ 4100' w/ 4 squeeze holes. RIH w/ cmt retr, set retr @ 4037', established circ. Cmdt thru retr w/ 300 sx lite cmt w/ 5# salt/sk followed by 200 sx C1 "C" cmt w/ 2% CaCl. RO 3 sx. WOC. Drld out cmt & retr. Press test squeeze job to 1500# for 30 mins, OK. Ran CBL 4500' to surf. OK. Perf'd Tubb Drinkard 5711, 21, 55, 62, 74, 78, 5804, 18, 5913, 44, 59, 86, 6020, 32' w/ 14 holes. RIH w/ pkr, set @ 5658'. Treated perfs 5711-6032' w/ 5000 gals 15% HCL acid w/ 500 SCF/bbl N<sub>2</sub>. Swabbed & clean up well. POH w/ pkr. RIH w/ comp assy. RAn rods & down hole pump. On 24 hr potential test 6/11/80 pmpd Tubb Drinkard perfs 5711-6032', 10 BO, 2 BW, 38 MCFG on 10-100" SPM. GOR 3800:1.  
Final Report.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED For: LEROY LANE TITLE Dist. Drlg. Supt. DATE 6/12/80  
Orig. Signed by Jerry Sexton DATE JUN 16 1980  
APPROVED BY Dist. 1. Supv. TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: