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DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
TRANSFORTER	GAS			
OPERATOR			L	
PROBATION OFFICE		1	l	

Engrg. Tech. Spec.

5-18-81___

(Title)

(Date)

<u> </u>	DISTRIBUTION SANTA FE FILE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	GAS		
	OPERATOR PRORATION OFFICE					
•	Operator ARCO Oil & Gas C	ompany				
•	Division of Atlantic Richfield Company Address					
	P.O. Box 1710, Hobbs, N Reason(s) for filing (Check proper box)	ew Mexico 88240	Other (Please explain)			
	New Well	Change in Transporter of: Oil Dry Ga		500 bbl. oil allowable		
	Recompletion Oil Dry Gas during the month of May, 1981 to test Change in Cwnership Casinghead Gas Condensate and complete.					
,	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND LEASE Lease Name					
	F.M. Burleson WN	3 Jalmat Yates	7R Queen State, Federa	l or Fee Fee		
	Location Unit Letter D ; 33	Feet From The North Lin	se and 330 Feet From	The West		
	Line of Section 8 Tow	mship 25S Range	37E , NMPM,	Lea County		
m.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address to which appro	and convert this form is to be sent!		
	Name of Authorized Transporter of Oil	or Condensate	P.O. Box 175 Artesia.	N.M. 88210		
	Navajo Crude Oil Purcha Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 8 25S 37E	Is gas actually connected? Wh	be connected when perman		
IV.	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number: bt	ty is installed Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion		Total Depth	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	·		
	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 F	OR ALLOWABLE (Test must be able for this d	after recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	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			Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensatio		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shat-in)	Choke Size		
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED, 19			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY			
			TITLE			
	10 0 01 11	1/11		compliance with RULE 1104.		
	Ned Sharkelford (Senature)		well, this form must be accomp	suied by a fabrimitor or rise destruction		

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 completes wells.