

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
LAND AREA	
WELL	
WELL OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	

I. OPERATOR
Operator ARCO Oil and Gas Company
Division of Atlantic Richfield Company
Address P. O. Box 1710, Hobbs, New Mexico 88240

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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>J. H. McClure "B"</u>	<u>22</u>	<u>Dollarhide Tubb Drinkard</u>	<u>State, Federal or Fee Federal</u>	<u>NM-10189</u>
Location				
Unit Letter <u>I</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>24S</u> Range <u>38E</u> , 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)					
<u>Navajo Crude Oil Purchasing</u>	<u>P. O. Box 175, Artesia, New Mexico 88210</u>					
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)					
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1384, Jal, New Mexico 88252</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	<u>I</u>	<u>19</u>	<u>24S</u>	<u>38E</u>	<u>Yes</u>	<u>2/24/82</u>

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'tv.	Diff. Res'tv.
<u>X</u>	<u>X</u>		<u>X</u>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
<u>10/15/81</u>	<u>2/1/82</u>	<u>6999'</u>		<u>6959'</u>				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth				
<u>3175.8' GR</u>	<u>Tubb Drinkard</u>	<u>6699'</u>		<u>6908'</u>				
Perforations				Depth Casing Shoe				
<u>6699, 6707, 15, 20, 25, 37, 41' & 6902, 07, 12'; 6937, 40, 43'</u>				<u>6999'</u>				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>18"</u>	<u>14"</u>	<u>30'</u>		<u>2 yds Redi-mix</u>				
<u>12 1/4"</u>	<u>8-5/8" OD</u>	<u>1293'</u>		<u>850 sx</u>				
<u>7-7/8"</u>	<u>5 1/2" OD</u>	<u>6999'</u>		<u>1740 sx</u>				
	<u>2-7/8" OD</u>	<u>6908'</u>						

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.)	
<u>12/7/81</u>	<u>3/07/82</u>	<u>Pumping</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs</u>	<u>-</u>		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>122 bbls</u>	<u>111</u>	<u>11</u>	<u>64</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

VI. 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.

W. T. McDaniel P. J. Schwartz
(Signature)

Dist. Dirg. Supt.

(Title)

3/08/82

(Date)

OIL CONSERVATION DIVISION

APPROVED

ORIGINAL SIGNED BY

BY

JERRY SEXTON

TITLE

DISTRICT SUPR.

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 deviated 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 Form C-104 must be filed for each pool in multiply completed wells.

WELL NAME AND NUMBER J.H. McClure B #22

LOCATION Sec. 19, T24S, R38E, Lea County DW: 6950
(New Mexico give U.S.T&R: Texas give S, BLK, SURV. and TWP)

OPERATOR ARCO

DRILLING CONTRACTOR MORANCO

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:

<u>Degrees and Depth</u>	<u>Degrees and Depth</u>	<u>Degrees and Depth</u>	<u>Degrees and Depth</u>
<u>1 310</u>	<u>3/4 3913</u>		
<u>3/4 550</u>	<u>3/4 4350</u>		
<u>1/4 900</u>	<u>3/4 4592</u>		
<u>1 1292</u>	<u>1-1/4 5012</u>		
<u>1 1450</u>	<u>1-1/4 5400</u>		
<u>1-1/4 1800</u>	<u>1-3/4 5805</u>		
<u>1-1/4 2084</u>	<u>2 6207</u>		
<u>2 2360</u>	<u>1-3/4 6559</u>		
<u>1-3/4 2790</u>	<u>1-1/2 6950</u>		
<u>1-1/2 3100</u>			
<u>3/4 3333</u>			
<u>1/2 3675</u>			

Drilling Contractor MORANCO

By [Signature]

Subscribed and sworn to before me this 24th day of November 1981

My Commission expires:

[Signature]
Notary Public
Lea County, New Mexico

10-13-82

RECEIVED

MAR - 9 1982

O.C.D.
ADDRESS OFFICE