

P. O. BOX 2988

SANTA FE, NEW MEXICO 87501

ARCO Oil and Gas Company
Division of Atlantic Richfield Company

Address
P.O. Box 1710, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change In Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

Eff: 5-3-82

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name		Well No.	Pool Name, including Formation		Kind of Lease	Lease No.
R.S. Crosby "A"		4	Langlie Mattix 7-R On		State, Federal or Fee Fed.	LC-034117
Location						
Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u>						
Line of Section <u>29</u> Township <u>25S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County						

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil: <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					P.O. Box 2528, Hobbs, N.M. 88240	
Texas New Mexico Pipeline Co.					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					P.O. Box 1344, Jal, N.M. 88252	
El Paso Natural Gas Company					Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Yes	8-6-81
	L	28	25	37		

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

COMPLETION DATA

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

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)

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

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

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.

A. L. Sackel
(Signature)

Engrg. Tech. Spec. (Title)

5-3-82 _____ (Date)

OIL CONSERVATION DIVISION

MAY 4 1982

APPROVED MAY 4 1962 19

BY ORIGINAL SIGNED BY

JERRY SEXTON

TITLE ~~_____~~ ~~DISTRICT 1 SUPER~~

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 allowance on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner;
well name or number, or transportation, or other such change of condition.

Form C-304 must be filled for each pool in multiple pools.

RECEIVED

MAY 3 1982

O.C.D.
HOBBS OFFICE