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OPERATOR					
PRORATION OFFICE					
Operator ADCO	0-1	1			

DISTRIBUTION	NEW MENTOO OF A				
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110	
FILE		AND		Effective 1-1-65	
u.s.g.s.	AUTHORIZATION TO TRA	ANSPORT OIL AND	NATURAL GAS		
LAND OFFICE					
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE	1				
Operator ARCO Oil and Ga					
Division of Atl	antic Richfield Company				
P. O. Box 1710,	Hobbs, N M 88241-1710				
Reason(s) for filing (Check proper box		Other (Pleas	e explain)		
New Well X	Change in Transporter of:				
Recompletion	Oil Dry Go	as L			
Change in Ownership	Casinghead Gas Conde	nsate			
change of ownership give name address of previous owner					
ESCRIPTION OF WELL AND	LEASE				
_ease Name	Well No. Pool Name, Including F	Formation	Kind of Lease	Lease No.	
R. S. Crosby "A"	4 Langlie Matti	x 7R Qn	State, Federal or Fee	Federal LC-034117	
_ocation	-				
Unit Letter P 660	Feet From The South Lin	ne and 660	Feet From The	East	
Line of Section 29 To	wnship 25S Range	37E , NMPM	Lea	County	
ESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS			
Western Crude Oil, Inc				of this form is to be sent)	
Same of Authorized Transporter of Ca		P. O. Box 1744, Eunice, N M 88231 Address (Give address to which approved copy of this form is to be sent)			
ma m	0.	P. O. Box 1344, Jal, N M 88252			
well produces oil or liquids, ive location of tanks.	Unit Sec. Twp. Rge. L 29 25S 37E	Is gas actually connect	ed? When		
	th that from any other lease or pool,	Yes	8/06)/81	
OMPLETION DATA					
Designate Type of Completion	on - (X) Oll Well Gas Well	New Well Workover	Deepen Plug E	Back Same Res'v. Diff. Res'v.	
Oate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T	.D.	
6/19/81	8/04/81	3419'	3	357 '	
levations (DF, RKB, RT, GR, etc.) 3024.5 GR	Name of Producing Formation	Top Oil/Gas Pay	Tubing	g Depth	
Perforations	7 Rivers Queen Kz	3254'		300 Casing Shoe	
3254, 60, 65, 71, 79, 8	85 941		1 '	419'	
221, 00, 03, 71, 75, 0	TUBING, CASING, AND	CEMENTING RECOR		<u> </u>	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMENT	
23"	16"	301		s Redi-mix	
12½"	8-5/8" OD	1200		S Redi-mix	
7-7/8"	5½" OD	3419		SX	
	2-3/8" OD	3300			
IL WELL	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volumenth or be for full 24 hours	me of load oil and must)	be equal to or exceed top allow-	
ate First New Oil Run To Tanks	Date of Test	Producing Method (Flow	, pump, gas lift, etc.)		
7/12/81	8/17/81	Pump			
ength of Test	Tubing Pressure	Casing Pressure	Choke	Size	
24 hrs	Oil-Bbls.	Water-Bbls.	Gas-M	ICE .	
31 bb1s	14	17			
<u> </u>		1 1/			
AS WELL					
ctual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity	y of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in) Choke	Size	
ERTIFICATE OF COMPLIANC	<u>l</u>	011 0	ONSERVATION	COMMISSION	
THE STATE OF THE S				~~!TIITII ~~!	
hereby certify that the rules and r			, 19		
ommission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.		Ods Signed by			
		BY			
		TITLE De L Supy			
		This form is to be filed in compliance with RULE 1104.			

De mucht (Signature) Dist. Drlg. Supt. (Title) 8/18/81

(Date)

If this is a request for allowable for a newly drilled or despened 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.

Superate Forms C-104 must be filed for each pool in multiply