

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator **ARCO Oil and Gas Company**
Division of Atlantic Richfield CompanyAddress
Box 1710, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☒
Change in Ownership ☐

Change in Transporter of:

Oil ☐
Casinghead Gas ☐Dry Gas ☐
Condensate ☐

Other (Please explain)

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9/1/82
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. H. Harrison "D" WN	Well No. 7	Pool Name, including Formation Jalmat Yates 7R	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter K ; 1980 Feet From The South Line and 1980 Feet From The West Line of Section 29 Township 24S 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"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1384, Jal, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 29	Twp. 24S	Rge. 37E	Is gas actually connected? No	When To be connected when permanent bttty is installed

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded 4/23/81	Date Compl. Ready to Prod. 7/1/82		Total Depth 3756'		P.B.T.D. 3395'			
Elevations (DF, RKB, RT, GR, etc.) 3251.8' GR	Name of Producing Formation Yates 7R		Top Oil/Gas Pay 3431'		Tubing Depth 3204'			
Perforations 3431-3510' & 3654-3687'					Depth Casing Shoe 3756'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8" OD		1165'		750 SX			
7-7/8"	5 1/2" OD		3756'		1000 SX			
	2-3/8" OD		3204'					

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)

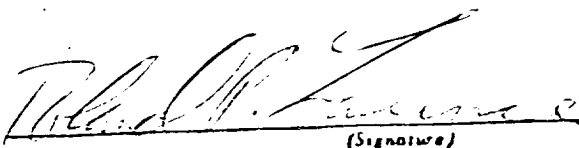
Date First New Oil Run To Tanks 6/16/82	Date of Test 7/5/82	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 26 bbls	Oil-Bbls. 25	Water-Bbls. 1	Gas-MCF 400

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Drlg. Engr.

(Title)

7/9/82

(Date)

OIL CONSERVATION DIVISION

APPROVED **JUL 14 1982**, 19
ORIGINAL SIGNED BYBY **JERRY SEXTON**
DISTRICT 1 SUPR

TITLE

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