Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Astesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANSF	ORT OIL	AND NA	TURAL G		API No.			 ;	
Operator APCO OTI AND GAS CO	ARCO OIL AND GAS COMPANY, DIV. OF ATLANTIC RICHFIELD CO.							3003922036				
Address	DEMNI, DI	<u>V.a Ul., . D</u>		TC KICKIE	ILiD UU				222030			
1816 E. MOJAVE, FAR Reason(s) for Filing (Check proper box)	MINGTON.	NEW MEX	CICO_E	7401	Orb	es (Please expl	ain1					
New Well		Change in	Transp	corter of:		n (1 mare expe						
Recompletion	Oil		Dry C	, , ,								
Change in Operator	Casinghea		Cond			TIVE 2/11/					ئـــــــــــــــــــــــــــــــــــــ	
If change of operator give name and address of previous operator	on Energ	y Inc	., 3	934 FM	1960 Wes	t, Suite	240, H	louston,	Texas 7	0068	3 - 3539	
II. DESCRIPTION OF WELL	AND LEA	ASE										
ease Name Well No. Pool Name, Includ					ing Formation	1	of Lesse Federal or Fe	_	Lease No.			
JICARILLA M						DK			CON	CONTRACT 111		
Unit LetterK		2130	Feet 1	mm The	SOUTH_ Line	and	2000 F	eet From The	WES	Τ.	Lipe	
Out Death												
Section 8 Townshi	ip 24N		Range	= 4W	, NI	мрм,	RIN	ARRIBA		Cox	unty	
III. DESIGNATION OF TRAN	ISPORTE	R OF O	IL AI	ND NATU	RAL GAS							
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
MERIDIAN OIL COMPAN Name of Authorized Transporter of Casin	P. D. BOX. 4289 FARMINGTON, NM. 87401. Address (Give address to which approved copy of this form is to be sent)											
EL PASO NATURAL GAS	-				į		NGTON, N.M. 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp		la gas actuali	When	n ?					
If this production is commingled with that	(mm any oth	5 er lease or		N 4W		YES ber:					ئـــــــ	
IV. COMPLETION DATA			,,									
Designate Type of Completion	<u>~</u>	Oil Wel	ı İ	Ges Well	New Well	Workover	Deepen	Plug Back	Same Res'v	þin	Resiv	
Date Spudded		i. Ready to	o Prod.		Total Depth	<u> </u>	1	P.B.T.D.	<u></u>	ـــــــ		
		Date Compl. Ready to Prod.										
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RK3, RT, GR, etc.) Name of Producing Formation			0	Top Oil/Gas Pay			Tubing Depth				
Perforations					<u> </u>		Depth Casing Shoe					
	TUBING, CASING AND					NG RECOR		04000 05155				
HOLE SIZE	CASING & TUBING SIZE						SACKS CEMENT					
	 				 							
V. TEST DATA AND REQUES	ST FOR A	HOW	ARIE		<u> </u>			1				
OIL WELL (Test must be after t					be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes		-	 		ethod (Flow, p						
	<u> </u>				A			2.50	CIV		A:	
Length of Test	Tubing Pres			M	EGE	TWE		NE A	F18	5		
Actual Prod. During Test	Oil - Bbis.			115	Water - Bbis			Car VCF	9 1991			
	<u> </u>			*. *	IFEB2	5 1991		1				
GAS WELL					4 60	1.00			OND	N.		
Actual Prod. Test - MCF/D	Leagth of	[est		i d		AND MORE TO THE STATE OF THE ST		County &	151.3			
Testing Method (pisct, back pr.)	Tubing Pre	Tubing Pressure (Shut-m)				im (Shut-ia)		Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE			NSERV	ΑΤΙΩΝΙ	חועוכונ	ואכ		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							_	_		<i>)</i> 1		
Division have been compiled with and that the information gives above is true and complete to the best of my knowledge and belief.					Date	Approve	ad f	FEB 2 5	1991			
	11.	/				· Approve		/	1 ,			
Signature PAUL TUCKER PROD SUPERVISOR					By Birt Chang							
							SUPER	VISOR DI	STRICT	f 3		
Printed Name BRUARY 13, 1991	·	(505)5			Title			······				
Date		Tek	ephone	No.	11							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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