

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

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO OIL AND GAS COMPANY, DIV. OF ATLANTIC RICHEFIELD CO.	Well API No. 3003922252
Address 1816 E. MOJAVE, FARMINGTON, NEW MEXICO 87401	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
EFFECTIVE 2/11/91	
Change of operator give name and address of previous operator Bannon Energy Inc., 3934 FM 1960 West, Suite 240, Houston, Texas 70068-3539	

#### DESCRIPTION OF WELL AND LEASE

Well Name JICARILLA #	Well No. 112	Pool Name, including Formation W. LINDRITH GAL DK	Kind of Lease State, Federal or Fee	Lease No. CONTRACT 111
Location Unit Letter <u>K</u> : <u>1950</u> Feet From The <u>SOUTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>5</u> Township <u>24N</u> Range <u>4W</u> , NMPM, RIO ARRIBA County				

#### I. 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) P O BOX 4289 FARMINGTON, NM 87401
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) P O BOX 4990, FARMINGTON, N M 87499
Well produces oil or liquids, or location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ?
A   5   24N   4W   YES	
This production is commingled with that from any other lease or pool, give commingling order number:	

#### II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Well 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

#### 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
	FEB 25 1991	FEB 19 1991

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Oil CON. DIV. DIST. 3	Oil CON. DIV. DIST. 3
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

#### VI. OPERATOR 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 Paul Tucker PROD SUPERVISOR

Printed Name FEBRUARY 13, 1991 (505) 597-4300

Date FEBRUARY 13, 1991 Telephone No. (505) 597-4300

#### OIL CONSERVATION DIVISION

FEB 25 1991

Date Approved \_\_\_\_\_

By Brian D. Chang  
SUPERVISOR DISTRICT #3

Title \_\_\_\_\_

#### 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.