nit 5 Copies meniate District Office Appropriate District I DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

**OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>.                                    </u>	7	TO TRA	<u>INSP</u>	ORT OIL	AND NA	TURAL G					
Operator ARCO OIL AND GAS COMPA	NY, DI	V. OF	ATL	ANTIC RI	CHFIELD	CO.	Well A	<b>J1 No.</b> 3004510	0229		
Address 1816 E. MOJAVE, FARMIN	IGTON,	NEW ME	EXIC	0 87401							
Resson(a) for Filing (Check proper box)	<del></del>			· · · · · · · · · · · · · · · · · · ·	Oth	et (Please capi	ein)	· · · · · · · · · · · · · · · · · · ·			
New Well		Change in	Trans	parter of:	_						
Recompletion	Oil		Dry C								
Change in Operator	Casinghea	d Gas 🗍	Condi		Effe	ctive 1	0/01/90			1	
f change of operator give same and address of previous operator											
L DESCRIPTION OF WELL	AND LEA	ASE									
Lones Name		Well No.	Pool I	Name, Includia	ng Formation			f Lease		mas No.	
HORSESHOE GALLUP UNIT		52	<u> </u>	HORSESH	IOE GALL	UP	State,	Federal or Fe	14-20-	603-734	
Unit Letter A	:_660		Foot I	From The NO	RTH Lis	e and6	60 Fe	et From The	EAST	Line	
Section 31 Township	, 31N Range 16W			, NIMPIM, SAN			JUAN County				
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL A!	ND NATUI	RAL GAS						
Name of Authorized Transporter of Oil	_ <del>X</del> _	or Conde	ente		Address (Gin	e address to w	hick approved	copy of this	form is to be se	mt)	
MERIDIAN OIL COMPANY						P O BOX 4289, FARMINGTON, NM 87401					
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.		Is gas actually connected? When			?			
give location of tanks.	ik i	32	• •	N   16W		NO	i				
If this production is commingled with that f	•				ing order num	ber:				· · · · · · · · · · · · · · · · · · ·	
IV. COMPLETION DATA	,		r								
Designate Type of Completion	<u>~</u>	Oil Weil		Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spadded	Date Comp	pi. Ready te	o Prod.		Total Depth	<u> </u>	.L ,	P.B.T.D.	<u> </u>		
				T							
Elevations (DF, RKB, RT, GR, etc.)	various (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casi	ng Shoe		
<del></del>		TIDING	CAS	TNC AND	CEMENTI	NG RECOR	<u> </u>	<u> </u>			
1101 5 0175					CENTENTI			Ţ	CACVE CEM	CAIT	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET SACKS CEMENT					
<del></del>	<del></del>				-			<del></del>		<del></del>	
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								ļ	<del></del> -		
				<del></del>				1			
V. TEST DATA AND REQUES									. 6 6-# 34 h	1	
OIL WELL (Test must be after re Date First New Oil Rus To Tank	Date of Te		of 1000	t oil and must		ethod (Flow, p			jor jam 24 nos	73.)	
DEE FIRE NEW OIL KIE TO THE	Date of le	•			: Licensenia w	emoc (Piow, p	OFI	FETT	Î		
Length of Test	Tubing Pre	STEEL STEEL			Casing Press	mb) R	O F I	Choke Sa	ע		
Actual Prod. During Test	Oii - Bbls.				Water - Bbis	UU SI	EP2 6 19	90 MCF			
						0.13	COM	DIV			
GAS WELL						OIL		_			
Actual Prod. Test - MCF/D	Length of	Test			Bhis. Conde	maie/MMCF	\ DIST.	Gravity of	Condensate		
Parking Made A Colored Land	Taking B	eause (Shu	<u>ا تند</u> ار		Carina Barre	use (Shut-in)	:	Choke See			
Testing Method (pitet, back pr.)	luous re		M-16E)		Catal Lies	me (anna)			•		
VL OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE	H	0" 66		477	D6 501	241	
I hereby certify that the rules and angulations of the OE Conservation Division have been compiled with and that the information given shows					OIL CONSERVATION DIVISION						
									> 0 ⊅ 1000		
is true and complete to the best of my l	nombelge is	ed belof.			Date	Approvi	ed	2FL %	7 1990	····	
Dans C					1		——————————————————————————————————————		~)	,	
Signature DOOD CHOCONITION					By_	By Sharf					
DAVE CORZINE PROD SUPERVISOR Printed Name Title					Title	1	SUPE	RVISOR	DISTRIC	T #3	
SEPTEMBER 24, 1990		(505)	325	-7527 No	'''	· —					
		.61			Ц						

## 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.