Submit 5 Copies
Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	1	TO TRA	NSPC	ORT OIL	AND NA	TURAL GA					
Operator ARCO Oil and Gas Company, Div. of Atlantic Richfie							Well	3004510508			
Address 1816 E. Mojave, Farmi	naton N	lew Mes;	co 87/	401							
Reason(s) for Filing (Check proper box)	.ngcon, n	- HEXI			Oth	es (Please expla	ώε)				
New Well		Change in	Тимпро	rter of:			,				
Recompletion	Oil		Dry Gas	_							
Change in Operator	Casinghead	_	_	_							
change of operator give name											
nd address of previous operator											
L DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name Well No. Pool Name, lac					ng Formation		Kind			ease No.	
HORSESHOE GALLUP UNIT	r	110		HORSES	SHOE GALLU	P	State,	Federal or Fe	14-20	-603-3531	
Location											
Unit Letter		660	Feet Fro	om The _	OUTH Lin	e and	703 F	eet From The	WEST	Line	
Out Later											
Section 19 Township	p 31N		Range	16W	, N	мрм,	SAN	JUAN		County	
II. DESIGNATION OF TRAN	SPORTE			D NATU				<u></u>			
Name of Authorized Transporter of Oil		or Conder	nsate		Address (Giv	ne address to wi	tick approve	d copy of this j	orm is to be se	int)	
GIANT TRANSPORTATION					POB	OX 256 FAR	MINGTON.	NM 87499	<u>}</u>		
Name of Authorized Transporter of Casing	ghead Gas		or Dry	Gas 🚃	Address (Giv	ne address to wi	hich approve	d copy of this)	orm is to be se	ent)	
	 ,			_,							
If well produces oil or liquids,	Unit	Sec.	Twp	Rge	is gas actuali	y connected?	Whe	a ?			
give location of tanks.	121	30	<u> 31x</u>			NC	l				
f this production is commingled with that	from any oth	er lease or	pool, giv	e comming	ling order sum	iber:					
V. COMPLETION DATA						1		1	10 0	b g a	
Designate Type of Completion	- (X)	Oil Weil	1) (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resv	
	Date Comp	al Pandy 7	o Perod		Total Depth	<u> </u>	J	P.B.T.D.			
Date Spudded	Date Comp	pi. Keaty u	D FIOU.		· ·			P.S. 1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	enducina E	nomation		Top Oil/Gas	Pay		Tubing Der			
Elevations (DP, RRB, RI, OR, etc.)	(Value of 1)	· maring	011 2 001	•	•	•		t morting and	~		
Perforations								Depth Casi	ng Shoe		
	7	TUBING.	. CASI	NG AND	CEMENTI	NG RECOR	W .				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
								!			
	<u> </u>										
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABLE								
OIL WELL (Test must be after t	recovery of u	otal volume	of load	oil and mus	t be equal to a	exceed top all	lowable for ti	us depth or be	for full 24,40	F.) 2 V F	
Date First New Oil Run To Tank	Date of Te					Sethod (Flow, p) E U I	CHAR	
	!							in.			
Length of Test	Tubing Pre	SILES			Casing Press	atte		Choke Siz	AHEC	6 1990	
					<u> </u>			0 100	700		
Actual Prod. During Test	Oil - Bbis.				Water - Bbis	L		Gas- MCF	OII CC	ON. DIV	
										ST. 3	
GAS WELL									U	31. 3	
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	nese MMCF		Gravity of	Condensate		
Testing Method (puot, back pr.)	Tubing Pr	essure (Sho	ur-an)		Casing Pres	sure (Shut-in)		Choke Siz	ŧ		
-	1										
VL OPERATOR CERTIFIC	'ATE O	F COM	PLIA	VCF							
I hereby certify that the rules and regu				· ··CL	-	OIL CO	NSER\	/ATION	DIVISION	NC	
Division have been complied with and				re .	1			ALLO	n e kius		
is true and complete to the best of my					Dat	e Approve	ed 🗻	AUG :	08 199	Ú	
						~ · 40h. 0 s,	~	2	*		
1 Daniel	max	···			p.,			75	- 4 -	Q	
Signal DAVID CORZINE		PROD SU	 פרטפקקן	SOR	By_			U			
		באטט אל	Title	JOK		אבוטו	א פנו אווו	GAS INSPE	CTOR, DIST	. #3	
Printed Name AUGUST 3, 1990		(505)32		7	Title	9			.3,514,0101	· # -	
NUGUST 3, 1990			iephone								
					. !1						

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.