Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM \$8240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

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

DISTRICT III 1000 Rio Benzos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	<u>T</u>	O TRANS	PORT OIL	AND NAT	URAL GA					
Operator ARCO OIL AND GAS COMPANY, DIV. OF ATLANTIC RI				CHFIELD	co.	Well A	3004513173			
Address 1816 E. MOJAVE, FARMII	NGTON, I	NEW MEXI	CO 87401							
Resean(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead	Change in Trac X Dry Gas	•		r (Please expla ctive 10					
If change of operator give name						0, 01, , 0				
and address of previous operator										
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Includia HORSESHOE GALLUP UNIT 157 HORSESH							of Lease Lease No. Federal or Fee 4-20-604-1951			
Location Unit LetterG	: 1940 Reet Prome The NORTH Line and 1960 Feet Prome The EAST Line								Line	
Section 27 Township	31N		16W				JUAN County			
III. DESIGNATION OF TRANS	SPORTER	R OF OIL	AND NATUE	RAL GAS						
MERIDIAN OIL COMPANY				Address (Give address to which approved copy of this form is to be sent) P 0 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, give location of tanks.	Unit .	Sec. Tw	p. Rge. 31N 16W	Is gas actually connected? When NO			?			
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or pool	, give commingli	ng order numi						
Designate Type of Completion	- (X)	Oil Weil	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations	 						Depth Casi	ng Shoe		
				CEMENTING RECORD						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			· · · · · ·	DEPTH SET	. 1.9	SACKS CEMENT			
				. 3.1						
				•		- 4/3	1.)			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	<u> </u>		3)	<u> </u>			
OIL WELL (Test must be after no Date First New Oil Run To Tank		exceed top alle ethod (Flow, pu			for full 24 hou	rs.)				
Length of Test	Tubing Pressure			Casing Press	ire	-	Choke Size			
: Actual Prod. During Test	Oil - Bbis.			Water - Bbis. Gas- MCF						
				: : •						
GAS WELL Actual Prod. Test - MCF/D	Length of T	ca		Bbis. Condex	mie/MMCF		Gravity of	Condensate	 -	
							~			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	== (Shut-in)		Challe See	· .		
VI. OPERATOR CERTIFICATE OF COMPLIANCE I bursty couldy that the rates and sugarisings of the OE Conservation Division have been complied with and that the information given above in you and complied to the best of any terrefielps and belled.				OIL CONSERVATION DIVISION SEP 2 7 1990 Date Approved						
Dave Conju				By_	3 N d					
DAVE CORZINE PROD. SUPERVISOR Printed Name Title				Title		SUPER	VISOR D	STRICT	13	
SEPTEMBER 24, 1990			25-7527 me No.	1106						

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.