Submit 5 Copies
Appropriate District Office
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, Arceia, NM \$8210

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L _	Ticas	OTRA	NSPC	ORT OIL	AND NA	TURAL G	AS	A BUSI-			
Operator						Well API No. 30-025- //9/7					
ARCO Oil and Gas	Company	<u> </u>						30-	-025- 77	7//	
Address				002/1	1710						
P.O. Box 1710 - H	obbs, N	lew Mex	(1co	88241	X   Ou	her (Please expl	au) Chan	ge Well	Name Fr	OII	
Reason(s) for Filing (Check proper box) New Well		Change in	Transpor	ter of:	<u> </u>			en RAI			
Recompletion	Oil		Dry Gas							ı	
Change is Operator Casinghead Gas Condensate Effec									1-1-	<u>/                                    </u>	
f change of operator give name									<del></del>		
and address of previous operator		CIP									
IL DESCRIPTION OF WELL	ng Formation Kind o			Lease No.							
Lease Name					nebry Tubb Drinkard			Federal or Fee B-228-/			
South Justis Unit "H									40		
Unit Letter	: 210	0	Feet Fro	nn The 5	247H Li	ne and 60	60_R	et From The	F437	Line	
Section 36 Township	258	5	Range	37	E , N	омрм,	Lea	1		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	L ANI	NATUI	RAL GAS						
Name of Authorized Transporter of Oil	[X]	or Conden	sate		Taxable (O.						
Texas New Mexico Pipel		P.O. Box 2528 - Hobbs, NM 88241-2528									
Name of Authorized Transporter of Casinghead Gas Y or Diy Gas					Address (Give address to which approved copy of this form is to be sent)						
Sid Richardson Carbon	id Richardson Carbon and Gasoline Company					P.O. Box 1226 - Jal, NM 88252  Is gas actually connected? When?					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Тир	1 ~		YES	j 2	NKNOC	UN/		
If this production is commingled with that	from any oth	er lease or	pool, give	e comming!	ing order sur	nber:					
IV. COMPLETION DATA	1012 7	_						Y ==	γ	<u> </u>	
		Oil Well	G	es Well	New Well	Workover	Doepen	Plug Back	Same Rea'v	Diff Res'v	
Designate Type of Completion	- (X)	l Bandy In	Prod		Total Depth	ــــــــــــــــــــــــــــــــــــــ	J	P.B.T.D.	L	<del>'</del>	
Date Spudded	Date Compl. Ready to Prod.										
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fo	omstice		Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RI, OR, stc.)								Depth Casing Shoe			
Perforations	<u></u>							Depth Cana	g znoe		
			G + 673	10 AND	CEMENT	ING RECOR	2D				
	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
HOLE SIZE	CAS	SING	DING 3	126							
	<del> </del>										
	1							<u> </u>			
					l			<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR A	LLOW	ABLE	مورس الممم ال	he amed to a	er exceed too all	owable for the	is depth or be	for full 24 hou	rs.)	
	Date of Tel		ој 100а о	M BNG MASI	Producing N	Method (Flow, p	ump, gas lift,	esc.)			
Date First New Oil Run To Tank	Date of 1er				}						
Length of Test	Tubing Pre	spire			Casing Pres	SUITE		Choke Size		}	
and an area								Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bbi						
GAS WELL					TRNIC Cond	ensate/MMCF		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Tost				Bott. Concensus vivice						
	Tubing Pressure (Shus-m)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
Testing Method (pitot, back pr.)									<del></del>		
VL OPERATOR CERTIFIC	ATE OF	COMF	LIAN	ICE		OIL CO	ISEBI/	ATION	חועופור	N	
I have consider that the nules and resul	lations of the	Oil Coases	VEDOR		11	OIL COI	40EUA	711011			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						- Annes:	od.	<b>C</b> .	JAN	- 6 1993	
is true and complete to the best of my	TOOMsede n		,		Dat	e Approve	3U				
/_ 10	Cha				n.	OPIGINAL	รเดมซก ก	Y JERRY 9	EXTON		
Spanne Common Co					By ORIGINAL SIGNED BY JERRY SEXTON  BISTRIGT I SUPERVISOR						
James D. Coghurn - C	peratio	ns Coc	rdina Tale	ator_	721						
Printed Name		(505)		1600	= = = = = = = = = = = = = = = = = =			3341	7 100	301993	
Deta / / C 2			ephone N		' ` `	1 % S	er er skalar i	50 <b>-3 (%</b> )	HAK	<u> </u>	

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.

3) Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.