

**OIL CONSERVATION DIVISION**

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

**I. OPERATOR**

Operator ARCO OIL & GAS COMPANY	Well API No. 30 025 20547
Address P. O. BOX 1710 HOBBS, NEW MEXICO 88240	
Reason(s) for Filing (Check proper box) <input checked="" 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"/> ADD TRANSPORTER (GAS)
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name SOUTH JUSTIS UNIT "B"	Well No. 12	Pool Name, Including Formation JUSTIS BLINERY TURB DRINKARD	Kind of Lease State, Federal or Fee Federal	Lease No. LC 32511 F
Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>N</u> Line and <u>2310</u> Feet From The <u>W</u> Line				
Section <u>11</u>	Township <u>25 S</u>	Range <u>37 E</u>	County <u>NMPM</u>	LEA <u>LEA</u>

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS NEW MEXICO PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P O BOX 2528 HOBBS, NEW MEXICO 88241
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> SID RICHARDSON CARBON & GASOLINE CO. TEXACO EXPLORATION & PRODUCTION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1226 Jal, N.M. 88252 P. O. Box 3000 Tulsa, Ok. 74102
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When?
	Yes

This production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Perforations (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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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: [Signature]  
 Printed Name: JAMES COGBURN Title: OPERATIONS COORDINATOR  
 Date: 6/21/93 Telephone No.: (505) 391-1621

**OIL CONSERVATION DIVISION**  
 JUL 19 1993

Date Approved \_\_\_\_\_  
 By: ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR  
 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.

**RECEIVED**

JUN 21 1993

JOHN HOBBS  
OFFICE