DISTRICT!
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT # P.O. Drawer DD, Astenia, NM \$8210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST	FOR	ALLOWA SPORT OF	BLE AND	AUTHORI TURAL G	AS				
L. Operator						Well	API No.	005 1	/	
ARCO 011 and Gas Company							30-	-025- L	4627 V	
Address P. O. D. 1710 U	Johns New	Meric	n 8824	1-1710						
P.O. Box 1710 - H Resson(s) for Filing (Check proper box)	lobbs, New	EXIC	0024	X O	her (Please expl	air) Char	ge Well	Name Fr	OM.	
New Well	•	_	asporter of:			EATO	N NU	JH F	7 15	
Recompletion		U Do					ctive:			
Change is Operator	Casinghead Gas	<u> </u>	oden sale			Effe	ctive:	7-1	<u> </u>	
If change of operator give name and address of previous operator										
IL DESCRIPTION OF WELL	AND LEASE								<del></del>	
Lease Name	Well }		Name, Includ			0.40	of Lease Federal of Fe	_	ease No.	
South Justis Unit " F	<del>" " //</del>	Ju	<u>istis Bl</u>	<u>inebry T</u>	ubb Drink	ard		<u> </u>	EE	
Location Unit Letter	: 990	Fee	t From The A	10RTH Lin	ne and <u>165</u>	-0 F	set From The .	WE 57	Line	
Section 12 Township	p 25S	Rar	nge 3	7E N	мрм,	<u>Lea</u>	<u> </u>		County	
THE PROTON ATTON OF TRAN	SPORTER OF	OTL.	AND NATL	RAL GAS						
Masse of Authorized Transporter of Oil X or Condensate					Address (Othe address to which opposite day) of any jump to see and					
Texas New Mexico Pinel	Line Compan	<del>y</del>		P.O.	Box 2528	- Hobbs	NM 88241-2528			
Name of Authorized Transporter of Casing	ner of Casinghead Gas X or Dry Gas			Address (Give address to which approved P.O. Box 1226 - Jal						
Sid Richardson Carbon	and Gasoline		mpany Ree	Is gas actually connected?		When	When?			
If well produces oil or liquids, give location of maks.	F 12		5 37		1 = 5		2/4/7	4		
If this production is commingled with that i	from any other lease	or pool,	give comming	ling order sum	ber:					
IV. COMPLETION DATA				New Well	~	Deepes	Dive Rock	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X) to 1	VeII [	Gas Well	I MEM METI	worrower	i Darpa				
Date Spudded	Date Compl. Read	y to Pro	<u> </u>	Total Depth	<u> </u>	A	P.B.T.D.		-	
				- A12	<del></del>					
Devations (DF, RKB, RT, GR, stc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe		
renoration							<u> </u>			
	TUBING, CASING AND				CEMENTING RECORD			0.000.050.55		
HOLE SIZE	CASING &	TUBIN	G SIZE	DEPTH SET			SACKS CEMENT			
	<del> </del>			<del> </del>			<u> </u>			
	<del> </del>									
V. TEST DATA AND REQUES	T FOR ALLO	WABL	Æ				- 446 h. 4	4.31 2.4 h	1	
OIL WELL (Test must be after re	ecovery of ioial volu	me of loa	ad oil and must	be equal to or	exceed top allow thou (Flow, pur	mp, eas lift, e	ic)	OF JIEL 24 ROLE	3.7	
Date First New Oil Run To Tank	Date of Test			1 toronia						
Length of Test	Tubing Pressure			Casing Press	ire		Choke Size			
League of the second							Gas- MCF			
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.						
				<u> </u>			<u> </u>			
GAS WELL			,	Bbls. Conden	pie/MMCF		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Test								j	
Testing Method (pitot, back pr.)	Tubing Pressure (Shat-m)			Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFIC	ATE OF CON	APLI/	ANCE		OIL CON	CEDV	ATIONI I	אופוער	N	
I hereby certify that the rules and regula	ations of the Oil Con	ecryation		(	JIL CON	SERVA	ATION I		114	
Division have been complied with and t	that the information	Baces so	ove	1 .	A		JAN - 7	1993		
is true and complete to the best of my knowledge and belief.					Approved	J			<del></del>	
1-100-1					ngigilia .	inger og lære	da. ee ee	KTOM		
Signature	- Jan			By_	EANDING	4795 1 560	* <b>3</b> 37.30}			
Names D. Coghurn - Oz	erations C	oordi Tuk		Title.						
Littled Lemma	/EAE		-1600	II TILIB.		<del></del>				

INSTRUCTIONS: This form is so be filed in compliance with Rule 1104

Date 1-1-93

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.

Telephone No.

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