

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

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

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

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

I.

Operator ARCO OIL AND GAS COMPANY	Well API No. 30-025-25376
Address BOX 1710, HOBBS, NEW MEXICO 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____ EFFECTIVE: MAY 01 1992	

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE Y	Well No. 10	Pool Name, including Formation JUSTIS, TUBB DRINKARD	Kind of Lease (State, Federal or Fee) STATE	Lease No. B-11478
Location Blinberry				
Unit Letter H	Section 25	Township 25S	Range 37E	Line and Feet From The NORTH 990 Feet From The EAST Line
County NMPM, LEA				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (or) or Condensate <input checked="" type="checkbox"/> TEXAS NEW MEXICO PIPELINE CO.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 2528, HOBBS, NM 88240
Name of Authorized Transporter of Casinghead Gas (or) or Dry Gas <input checked="" type="checkbox"/> TEXACO EXPLORATION & PRODUCTION, INC.	Address (Give address to which approved copy of this form is to be sent) 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? A 25 25 37 YES 5/30/80
If this production is commingled with that from any other lease or pool, give commingling order number: R-1337	

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (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.)

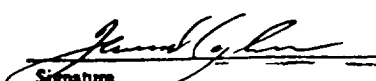
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MNCF	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: 
 James D. Cogburn, Operations Coordinator
 Title: _____
 Telephone No.: **392-1600**

Date: **MAY 01 1992**

OIL CONSERVATION DIVISION

Date Approved: **MAY 08 1992**

By: _____
 Orig. Signed by: **Paul Kautz**
 Title: **Geologist**

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

MAY 07 1992

OCD HOBBS OFFICE