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

Figy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-29
See Instructions
at Bottom of Page

DISTRICT E P.O. Drawer DD, Asiesia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						Well API No.			
ARCO OIL & GAS CO	MPANY				3	0 025 //	712	<i></i>	
P. O. BOX 1710 HOBBS, NEW MEXICO 88240									
Reason(s) for Filing (Check proper box)	c) Other (Please exploin)								
New Well		I'ssasporter of: Dry Gas	ADD T	RANSPORT	FR (GAS				
Recompletion U	Oil U I			idmior Okt	DR (OAD)	•	<u> </u>		
If change of operator give sams and address of previous operator									
II. DESCRIPTION OF WELL AND LEASE									
Lease Name	Well No.	Pool Name, Includ	ing Formation			of Lease	L	ense No.	
SOUTH JUSTIS UNIT	"]" 20	JUSTIS BL	INEBRY T	URR DRIN	KARD Site,	Pederal of Fee	Œ	E-	
Unit Letter									
Section 23 Townsh	ip 25 S 1	Range 37	E , N	ирм,	L	EA		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil XXX or Condensate Address (Give address to which approved copy of this form is to be sent)								•	
TEXAS NEW MEXICO PIPELINE COMPANY P.O. BOX 2528 HORRS, NEW MEXICO 88241 Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sees) S.D. RICHARDSON, CARBON & GASOLINE CO P.O. BOX 1226 Jal, N.M. 88252									
SID RICHARDSON CAL		P.O.Box 1226 Jal, N.I P. O. Box 3000 Tulsa			1. '88252' Ok. 74102				
If well produces oil or liquids, give location of tanks.		Nap. Rge.	is gas actually connected? W			ea ?			
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA									
Designate Type of Completion	- (X)	Gas Well	New Well	Workover	Deepea	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to P	rod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Cas Pay			Tubing Depth			
Extande (DF, Nab, NF, CK, ML)									
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 fiell 24 hours.)									
OIL WELL (Test must be after r Date First New Oil Rua 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 - Bbla		Water - Bbla.			Gas- MCF			
GAS WELL				·	······································				
Actual Prod. Test - MCF/D	Length of Tost	Bbls. Condensate/MMCF			Gravity of Condensate				
	Tubing Pressure (Shut-m)		Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	TOOMS Freedome (Canadam)					<u> </u>			
VL OPERATOR CERTIFIC	ATE OF COMPL	IANCE		II CON	SEDVA	TION DI	VISIO	NI .	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				IL OOK			VIOIO	•	
is true and complete to the best of my knowledge and belief.			Date	Approved	1 1111 −	1 9 1993			
			Julio .	• •					
Singur (glan			By ORIGINAL SIGNED BY JERRY SEXTON						
JAMES COGBERN	OPERATIONS CO		DISTRICT I SUPERVISOR						
Printed Name	Ti (505) 391–162	Title_		·	·····				
Data	Telepho								

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.

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