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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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 & Gas Company Well API No. 30-025-11760
Address Box 1610, Midland, TX 79702
Reason(s) for Filing (Check proper box) 1496 Other (Please explain) 2220
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>South Justis Unit "F"</u>	Well No. <u>23</u>	Pool Name, Including Formation <u>Justis Blbry-Tubb-Dkrd</u>	Kind of Lease <u>State, Federal or (Fee)</u>	Lease No.
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>2080</u> Feet From The <u>West</u> Line Section <u>25</u> Township <u>25-S</u> Range <u>37-E</u> , NMPM. Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Tex-New Mex Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2528, Hobbs, NM 88240</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Sid Richardson Gasoline/Texaco E&P Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>74102</u> <u>Box 1226, Jal NM 88292/Box 3000, Tulsa, OK</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					<u>yes</u>	<u>12-10-93</u>

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)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. <u>12-10-93</u>		Total Depth <u>7578'</u>		P.B.T.D. <u>6633'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3075' GR</u>	Name of Producing Formation <u>Blbry-Tubb-Dkrd</u>		Top Oil/Gas Pay <u>5083'</u>		Tubing Depth <u>5995'</u>			
Perforations <u>5083-5939'</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u>13-3/8</u>		<u>497</u>		<u>400</u>			
	<u>9-5/8</u>		<u>3269</u>		<u>1500</u>			
	<u>7</u>		<u>7135</u>		<u>490</u>			
	<u>2-7/8</u>		<u>5995</u>					

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 <u>12-10-93</u>	Date of Test <u>1-3-94</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>35</u>	Water - Bbls. <u>204</u>	Gas - MCF <u>36</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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.

Ken W. Gosnell
Signature Ken W. Gosnell Agent
Printed Name 1-28-94 (915) 688-5672 Title
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved FEB 02 1994
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.