Submit 5 Copies
Appropriate District Office
DISTRICT
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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	1	O TRA	NSPORT	OIL	AND NA	TURAL G	AS				
Operator ARCO Oil and Gas Company, Div. of Atlantic Richfield Co.								Well API No. 3004510034			
Address 1816 E. Mojave, Farm	ington. N	ew Mer	ico 3740!				i		·····		
Resson(s) for Filing (Check proper box)					Oth	es (Please expl	gin)				
New Well		Change is	Transporter o	ć:			,				
Recompletion	Oil Caninghead		Dry Gas Condensate								
If change of operator give name	Calling			<u> </u>	• • • • • • • • • • • • • • • • • • • •						
and address of previous operator	43/73 F 17/4	<u> </u>				· . · · · ·					
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including the control of th					ne Formation V			Kind of Lease No.			
HORSESHOE GALLUP UNI					SHOE GALLUP			State, Federal or Fee 14-20-60			
Location	,	222									
Unit Letter	_ :	330	Feet From T	pe	Lin	e and	330 Fe	Feet From The EAST Line			
Section 5 Townshi	p 30N Range 15W , NMPM,						SAN	SAN JUAN County			
III. DESIGNATION OF TRAN	CPADTE	POFO	II AND N	A TITE TE	PAT GAS						
Name of Authorized Transporter of Oil		or Conde		AIUE		e address to w	hich approved	copy of this f	orm is so be se	nt)	
GIANT TRANSPORTATION	GIANT TRANSPORTATION					P O BOX 256 FARMINGTON, NM 87499					
Name of Authorized Transporter of Casin	ghead Gas		or Dry Gas		Address (Giv	e address to wi	hich approved	copy of this f	orm is to be se	nt)	
If well produces oil or liquids,	Rge.	Is gas actually connected? When ?									
give location of tanks.	1 K 1	_32	L 31N 1 16	***		NO			·····		
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or	pool, give con	raningli	ng order numi	ber:					
		Oil Well	Gas W	/ell	New Well	Workover	Deepen	Plug Back	Same Res v	Diff Res v	
Designate Type of Completion		1		1	Total Damb	<u> </u>	1	L	1	1	
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 Casin	ng Shoe		
								:	-9		
				AND (CEMENTI	NG RECOR		,			
HOLE SIZE	CAS	ING & T	UBING SIZE	······································		DEPTH SET	·	:	SACKS CEM	ENT	
					 						
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	i				<u> </u>			
OIL WELL (Test must be after t				d must l	be equal to or	exceed top all	owable for the	s depth of Da	for GI And	WE	
Date First New Oil Run To Tank	Date of Tes	£			Producing M	ethod (Flow, p	ump, gas lift,	()	E W !!		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size AUG 0 6 1990			
Actual Prod. During Test	Prod. During Test Oil - Bbls.					Water - Bbis.			Gas-MODIL CON. DIV		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Oli Dola.								DIS'		
GAS WELL									UIS	i. J	
Actual Prod. Test - MCF/D	Length of I	CSI			Bbis. Conder	IEIE MMCF		Gravity of	Condensate		
Testing Method (puot, back pr)	Tubing Pres	saure (Sau	t-a1)		Casing Press	ure (Shut-in)		Choice Size			
• • • • • • • • • • • • • • • • • • • •											
VL OPERATOR CERTIFIC	ATE OF	COMI	PLIANCE			OIL CON	JOEDV	ATION	DIVICIO	NA I	
I hereby certify that the rules and regul Division have been complied with and					'	JIL OUI				⊅1 ₹	
is true and complete to the best of my		_			Date	Approve	de l	AUG 0	8 1990		
1 5 -11					- Delle	۳۴۰۱۷ ۹۵ ، ، م	7	The state of the s	. 0	7	
DAVID CORZINE	oym	אסטי פנוי	PERVISOR	_	By_			<u> </u>	ner		
Printed Name	<u>P</u>	KUD 201	Title		-		A		n n.e.		
AUGUST 3, 1990	(505)32	5-7527		i rie	DEPUTY	UNL & GAS	INVECTO	K, DISI. #G		
Date		Tel	ephone No.								

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.