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Appropriate District Office
DISTRICT J
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 Pag

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DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Ruo Brazos Rd., Aziec, NM 87410

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARCO Oil and Gas Company, Div. of Atlantic Richfield Co.								Well API No. 3004510118			
Address 1816 E. Mojave, Farmington, New Mexico 87401								2004310110			
Reason(s) for Filing (Check proper ba		, new me	EXICO	8/401	Oub	es (Please expl	ain)	···			
New Well	_										
Recompletion	Oil		Dry (	sporter of:							
Change is Operator	Casinghe	,	_ `	lengate							
	Catalogia	EAU CHE					<del></del>	<del></del>			
change of operator give name address of previous operator							<del></del>				
L DESCRIPTION OF WEI	LL AND LE			··				·			
Lesse Name HORSESHOE GALLUP UNIT			Pool	Name, Includi	i <b>ng Formation</b> SHOE GALLU	Ţ <b>P</b>	1	of Lease Federal or Fee	Lease No. Fee 14-20-603-734		
Location							k		1 41 4	3 303 73	
Unit Letter0	:	650	Feat	From The	SOUTH Lin	e and	1980 F	eet From The	EAST	Li	
Section 32 Town	nahip 31N		Rang	e 16W	, NI	MPM,	SAN	JUAN		County	
II. DESIGNATION OF TR	ANCDODT	ED OF (	OTT 4	NID NATE	DAL CAS						
Name of Authorized Transporter of O	il A	or Cond		ND NATE		e address to w	hich approved	l copy of this form	is to be s	ent)	
GIANT TRANSPORTAT	CION			<u></u>	POI	BOX 256 FA	RMINGTON	NM 37499			
Name of Authorized Transporter of Co			or D	ry Gas	<del></del>			copy of this form	is to be s	ent)	
if well produces oil or liquids,	Unit	Sec.	Twp	Rge.	is gas actually connected?		When	Vhen ?			
ive location of tanks.	l x	32	1 :	31N 16W		NO	İ				
this production is commingled with the	<del></del>				ling order num						
V. COMPLETION DATA	-	Oil We	eil lie	Gas Well	New Well	Workover	Деереп	Plug Back  Sa	me Reciv	Diff Res	
Designate Type of Completi		i	i		<u>i</u>	L	j sapa	I lug back  sa		L Res	
Date Spudded	Date Con	npl. Ready	to Prod.	•	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing	Formation	 Ord	Top Oil/Gas	Pay	-	Tubing Depth			
Perforations	<del></del>			-	•	<del> </del>		Depth Casing S	hoe		
HOLE SIZE		TUBING & 1			CEMENTI	NG RECOR		SA	CKS CEM	ENT	
11000 0100						DC/ 111 3C1			ONO OC.	<b></b>	
<del></del>											
					<u> </u>					ME	
V. TEST DATA AND REQU OIL WELL (Test must be aft					he equal to or	exceed too all	owable for the	i de or be for	full 24 hor	A E	
te First New Oil Rus To Tank Date of Test					Producing Method (Flow, pump, gas li						
Length of Test	Tubing P	Tubing Pressure			Casing Press	ште		Choke Size			
Annual Bond Danier Test					Water - Bbis			OIL CON. DIV			
Actual Prod. During Test	Oil - Shis	<b>S</b> .			Water - Bois.	•		Can-MICF (	MOI .	7	
GAS WELL		-		-							
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conden	ISIE/MMCF		Gravity of Con	densate	•	
esting Method (puot, back pr.)	Tubing P	ressure (Sh	uz-in)		Casing Press	ure (Shut⊣n)	<del></del>	Choke Size			
A ODER ATOR CERTIFIE		rcor	(Dr r ·	NCT	1	<del></del>			<del></del>		
VL OPERATOR CERTIF  I hereby certify that the rules and re						OIL COM	NSERV	ATION D	IVISIO	NC	
Division have been complied with a is true and complete to the best of a		-		e e e			ا ۸ جیدی	iig ng 1	aan		
7					Date	Approve	A H	- U U O 1	<del>330</del> 0	•	
Signature	Lyn	<b>-</b>			By_		14	0	e	<u> </u>	
DAVID CORZINE Printed Name		PROD S	SUPERV Title		Title	DEPI	JTY OIL &	gas inspecto	<b>yr,</b> dist.	<b>#</b> 3	
AUGUST 3, 1990		(505)3			· itie					-	
UER.		ſc	elephone	: NO.	1						

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.