Submit 5 Copies
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 Bettern of Pro-

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Benzos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO OIL AND GAS COMPANY, DIV. OF ATLANTIC RI				Well	API No.		
			CHFIELD CO.		3004510298		
dress .816 E. MOJAVE, FAR	MINGTON. NEW M	EXICO 87401					
son(s) for Filing (Check proper be			Other (Piease	ernieis)			
w Weil		is Transporter of:		-			
completion	_	Dry Ges 📙	EEE-aktion	10 (01 (00			
ange in Operator	Casinghead Gos	_ Condensate _	Effective	10/01/90			
address of previous operator							
DESCRIPTION OF WEI	LL AND LEASE						
IODOS CALLUD IN	Well No. Pool Name, Including				Kind of Lease Lease No.		
IORSESHOE GALLUP UN	IT 53	53 HORSESHOE GALLUP		Sinte,	State, Federal or Fee 1 4-20-603-734		
Unit Latter	660	S0	UTH Line and	1980 _	E	AST .	
	:		Liet and		et From The	هناانه	
Section 30 Tow	maship 31N	Range 16W	, NMPM,	SAN .	Juan 	County	
DESIGNATION OF TR	ANSPODTED OF	NI AND NATIO	PAT CAS				
me of Authorized Transporter of O	il X or Cond		Address (Give address	to which approved	copy of this form	s to be sent)	
ERIDIAN OIL COMPANY		P 0 BOX 4289, FARMINGTON, NM 87401					
me of Authorized Transporter of C	minghead Gas	or Dry Gas	Address (Give address	io which approved	copy of this form	s to be sent)	
vell produces oil or liquids,	duces oil or liquids, Unit Sec. Twp. Rgs. Is gas actually conse		is gas actually connecte	sed? When ?			
location of tanks.	K 32	31N 16W			1		
is production is commingled with	that from any other lease o	r pool, give commingli	ng order number:		· · · · · · · · · · · · · · · · · · ·		
COMPLETION DATA	Oil We	II Gas Weil	New Well Workov				
Designate Type of Completi		I Gas well	Mem Mett MOLITON	er Deepen	Phug Back Sam	ne Res'v Diff Res'v I	
e Spudded	Date Compl. Ready	i	Total Depth		P.B.T.D.		
Vations (DF, RKB, RT, GR, etc.)	(DF 250 PF CD		Top Oil/Gas Pay				
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation		· Crimerios			Tubing Depth		
rforations				Depth Casing Sh	Oe .		
					<u> </u>		
HOLE SIZE		UBING SIZE	CEMENTING REC		CAC	KS CEMENT	
THOSE OFF	CASING 4	OBING SIZE	DEF (R)C 1	340	13 CEMENT	
				 			
TEST DATA AND REQU	IEST FOR ALLOW	ARLE			L		
	ler recovery of total volum		be equal to or exceed to	ellowable for this	e depth or be for fi	il 24 hours.)	
e First New Oil Run To Tank	Date of Test		Producing Method (Flo	v. pump- gas 🎉 e	M		
igth of Test	Tubing Pressure			Casing Pressure		Charle Size	
Ber or two	Tuoning Flessure	į	,	: :O			
ual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF		
		:			<u>.l., </u>		
					•		
	Length of Test		Bbis. Condensate/MMC	F	Gravity of Cond	nate	
ual Prod. Test - MCF/D	Length of Test Tubing Pressure (Sh	s-a)	Bbis. Condensate/MMC		Gravity of Conde	DELLE	
ual Prod. Test - MCF/D		5-a)				mate	
mai Prod. Test - MCF/D	Tubing Pressure (Sh		Casing Prosture (Shut-	a)	Choke Size		
mai Prod. Test - MCF/D ing Method (pitot, back pr.) OPERATOR CERTIF Liberary contry that the rules and s	Tubing Pressure (Shi PICATE OF COM systems of the Oil Com-	PLIANCE	Casing Prosture (Shut-	ONSERV	ATION D	VISION	
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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.