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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department RECEIVED

D Form C-104 P Review 1-1-89 See Instructions

DISTRICT II
P.O. Drawer DD. Asteria NM 88210

OIL CONSERVATION DIVISION EP 0 4 1992 P.O. Box 2088

O. C. D.

| P.O. Drawer DD, Artesia, NM | 8821 |
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DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| т | HEQ | | | | | AUTHORI | | | | | |
|--|---------------------------|----------------|-----------------|---------------------------------------|-----------------------------|------------------|--|-------------------------------|------------------------------|--|--|
| I. Operator | | TOTRA | ANSPO | ORT OI | <u>L AND NA</u> | TURAL G | <u>AS</u> | | | | |
| | | 0 | | | | | | API No. | | | |
| Arnoco Produc | tion | Long | Jan c | 1 | | | 30 | -015 | -2485 | 57 | |
| PO Box 7-6 | 14. | | | 1 | | | | 1 | | | |
| P.O. Box 309 | <u> </u> | USIM | , 1× | 172 | 53-309 | 2 (K) | n. 16.1 | 10) | | | |
| New Well | | Change in | Tona | | | ex (ruease expi | din) | | | | |
| Recompletion | Oil | CTIMINGS II | Dry Ga | 77 | | | | | | | |
| Change in Operator | Casinghe | nd Gos 🗀 | Conden | 6 7 | | | | | | | |
| if change of operator give name | - Carallelan | | COLOR | | | | | | | | |
| and address of previous operator | | | | | | | ···· | | | | |
| II. DESCRIPTION OF WELL | AND LE | ASE | | | | | | | | | |
| Lease Name | ·L ·D DL | | Pool Na | one, includ | ing Formation | | Kind | of Lease | | ease No. | |
| Federal - DH - Gas | Com | 1 | | | • | Morrou | 1 - | Foderal or Fe | - i | 29272 | |
| Location | | | | ਹੋਰ | | | | | 1214 | 2/2/2 | |
| Unit LetterM | . 70 | 0 | Feet For | nm The S | outh 1 in | e and _ 99 | O E | et Ecom The | (1)es | + | |
| | | | | OII IIO | | | | | | Line | |
| Section Townshi | p 18 | <u>S</u> | Range | 27 | E ,N | МРМ, | Eddy | | | County | |
| | | | | | | | 7 | | | | |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil | SPORTI | | | D NATU | | | | | | | |
| ۸ ۸ | $_{\tau}\Box$ | or Conde | LENIC | \mathbf{X} | Address (Gin | e address to w | hich approved | copy of this | form is to be se | mt) | |
| Amoco lipeline- | | | | | 302 N | . West | Hvenue | Leve | (land, 1) | x 79336 | |
| italis di Ammonized Transporter di Cam | gnead Gas | | or Dry | Ges [| Address (Giv | e address to w | hich approved | copy of this ; | form is to be se | nd) | |
| If well produces oil or liquids, | Unit | Sec. | Twp. | l Boo | is gas actuali | | When | • | | | |
| give location of tanks. | M | 17/ | 178 | 27 | 10 600 00000 | y countries: | Witer | r | | | |
| f this production is commingled with that | | her lease or | | | line order mun | ber: | | | | | |
| V. COMPLETION DATA | • | | | | | | | | | | |
| D : | | Oil Well | G | ias Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | - (X) | | | | 1 | i | | | İ | 1 | |
| Date Spudded | Date Com | ipi. Ready to | Prod. | | Total Depth | | | P.B.T.D. | | | |
| | <u> </u> | | | · · · · · · · · · · · · · · · · · · · | · | | | <u> </u> | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of I | Producing Fo | Official | | Top Oil/Gas | ray | | Tubing Dep | oth | | |
| Perforations | ! | | | | ļ | | | Dort C | | | |
| | | • | | | | | | Depth Casir | ng 200e | | |
| | | TTIDING | CASTN | IC AND | CEMENTI | NG PECOP | <u> </u> | | | | |
| HOLE SIZE | | USING & TU | | <u> </u> | CEMENTING RECORD DEPTH SET | | | CACVE OF AFA | | | |
| THOSE GIZE | | COMO a 10 | JBING S | 125 | | DEP IN SET | | SACKS CEMENT | | | |
| 7 | | | | | | - | | | | | |
| | ! | | | | | | - | | | | |
| | 1 | | | | | *** | ****** | | · | - | |
| . TEST DATA AND REQUES | T FOR | ALLOWA | ABLE | · | | | | · | | ······································ | |
| OIL WELL Test must be after r | ecovery of t | otal volume | of load o | il and must | be equal to or | exceed top allo | owable for this | depth or be | for full 24 hour | rs.) | |
| Date First New Oil Run To Tank | Date of Te | est. | | | Producing Me | ethod (Flow, pu | emp, gas lift, e | IC.) | | | |
| | <u> </u> | | | | | | | | | | |
| Length of Test | Tubing Pr | STURES | | | Casing Press. | ire | | Choke Size | | | |
| Acres Book Danier Torn | | | Water Dhia | | | Con MCC | Gas- MCF | | | | |
| Actual Prod. During Test | Oil - Bbls. | • | | | Water - Bbls. | | | Gas- MCF | | | |
| | i | | | | 1 | | | <u> </u> | | | |
| GAS WELL | | _ | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of | Test | | | Bbls. Conden | mie/MMCF | | Gravity of (| Condensate | | |
| Sain Mahad Calaba Tanah | Tubica Barray (Charica) | | | | | | | | | | |
| esting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | Casing Pressure (Shut-in) | | | Choke Size | | | | |
| | <u> </u> | | , | | <u> </u> | | | <u> </u> | | | |
| VL OPERATOR CERTIFIC | ATE OF | F COMP | LIAN | CE | (| DIL CON | ICEDV | ATION | טואופוס | N.I | |
| I hereby certify that the rules and regulations of the Oil Conservation | | | | | | OLIVA | TION | טועוטוע | // 1/1 | | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | SEP 1 1 1992 | | | | | | | |
| / / ^ | | | | | Date | Approve | a | | | | |
| H. J. Bluen | , | | | | | | | | . : | | |
| Signature H. I. BLACK Stf. Admin. Analyst Printed Name September 1, 1992 713-584-7213 Date Telephone No. | | | | By ORIGINAL SIGNED BY | | | | | | | |
| H. I. BLACK | 5+ | t. Adm | <u> 113. //</u> | nelyst | | MI | KE WILLIA | AMS | 10T I | | |
| Printed Name | 140- | 712 0 | Title | 1212 | Title | SL | JPERVISO | א, טואוא | 16111 | | |
| Date | 1772 | ر ا ا علم T | ohome No |). | | นูลูลสาราชาสตาร์ | the desired of the second of the second of | and the state of the state of | and the second second second | | |
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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.