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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO DIL AND GAS (1 44 644 7	PI No.			
	COMPANY, D	DIV. OF A	ATLANT IC	RICHE	IELD CO.				921959		
Address 1816 E. MOJAVE, Fr	ARM INGTON	. NEW MEX	 (1CO 874	4 01							
leason(s) for Filing (Check proper box)					Oth	x (Please expla	uie)				
New Well			Transport	er of:_		•					
Recompletion	Oil	<u> </u>	Dry Gas			TILE 10101	100				
Change in Operator	Caninghe	ad Gas 💹	Condense		EFFEC	TIVE 10/01	/90 				
change of operator give name ad address of previous operator											
L DESCRIPTION OF WELL	L AND LE	ASE									
Lease Name			Pool Nan		ng Formation	Or .		of Lease	_	sate No.	
TONKIN		3	<u> </u>	W. LI	NDRITH GAL	UN	State,	Federal or Fe	311	080472A	
Unit Letter H	:	890	Feet From	n The	SOUTH Lim	and	700 Fe	et From The .	WE:	5T Line	
Section 17 Towns	hip 24N		Range	3₩	, NI	лем,	RIO	ARRIBA		County	
II. DESIGNATION OF TRA	NCDODTI		II AND	NIA TITE II	DAT CAS						
Variet of Authorized Transporter of Oil		or Conde		NATU	Address (Giw	address to wh				nt)	
MERIDIAN OIL COMP						OX 4289 FA					
	ume of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent) P 0 BOX 4990, FARMINGTON, N.M. 87499					
if well produces oil or liquids, ive location of tanks.					Is gas actually connected? When?						
· · · · · · · · · · · · · · · · · · ·	H	17	24N	L		YES					
this production is commingled with the V. COMPLETION DATA	at from any or	THET REASE OF	pool, give	consumg	ing order minn	xar:					
Designate Type of Completio	n - (X)	Oil Weil	Ga	ıs Weil	New Weil	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready to	o Prod.		Total Depth		4	P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	OFFINITION		Top Oil/Gas	yay ya		Tubing Dep	<u></u> b		
Perforations	<u> </u>				-			Depth Casin	g Shoe		
		TUBING.	CASIN	G AND	CEMENTI	NG RECOR	D				
HOLE SIZE	C.A	ASING & TI	UBING SI	ZE	·	DEPTH SET			SACKS CEM	ENT	
							····				
_							makila 6m shi	damb as be	for full 2d hour	-1	
IL WELL (Test ment be after	recovery of	total volume		l and must					for full 24 hou	73.)	
IL WELL (Test ment be after		total volume		and must		thod (Flow, pu	mp, gas lift, e	sc.)	for full 24 hou	rs.)	
OIL WELL (Test must be after Date First New Oil Rus To Tank	recovery of	total volume est		and must		thod (Flow, pu	mp, gas lift, e		for full 24 hora	rs.)	
OIL WELL (Test must be after Date First New Oil Rus To Tank Length of Test	Date of To	total volume est ressure		l and must	Producing Me Casing Press	shod (Flow, pu	mp, gas lift, e	Choke Size	for full 24 hou	72.)	
OIL WELL (Test must be after Date First New Oil Rus To Tank Length of Test	Date of T	total volume est ressure		and must	Producing Me	sthod (Flow, pu	mp, gas lift, a	Choke Size Gas- MCF	for full 24 hou	rs.)	
Date First New Oil Rus To Tank Length of Test Actual Prod. During Test	Date of To	total volume est ressure		l and must	Producing Me Casing Press	sthod (Flow, pu	mp, gas lift, e	Choke Size Gas- MCF	for full 24 hou	72.)	
DIL WELL (Test must be after Date First New Oil Rus To Tank Length of Test Actual Prod. During Test GAS WELL	Date of To	est ressure		l and must	Producing Ma Casing Press. Water - Bbis.	sthod (Flow, pu	mp, gas lift, e	Choke Size Gas- MCF		rs.)	
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DIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D	Date of Touring Property Oil - Bhis	est ressure	of load oil	l and meet	Producing Ma Casing Press. Water - Bbis.	sthod (Flow, pu	mp, gas lift, e	Choke Size Gas- MCF		rs.)	
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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.

