Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 18240

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

State of New Mexico Energy, Minerals and Natural Resources Department

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OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRIC	1.111					
1000 fluo	Beazos	RA,	Aziec,	NM	87410	

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARCO Oil and Gas C	lompan v		3004509529		
ARCO UTT and Gas C					
1816 E. Mojave, Fa	armington, New Mexico 874				
esson(s) for Filing Check proper bo		Other (Please explain	a)		
few Well	Change in Transporter of: Oil Dry Gas				
Dange is Operator	Casinghead Gas Condensate	Effective Augus	t 1, 1990		
change of operator give same					
d address of previous operator					
L DESCRIPTION OF WE			Kind of Lease No.		
Maddox WN Federal	Well No. Pool Name, Includi 1 Basin Dal	ng Formation kota	State Federal or Fee NM0546		
	1 Dasin Dar				
occation Unit Letter H	1650 Feet From The	North Line and 99	0 Feet From The East Line		
Unit Letter H	: 1030 Peet Prom Inc _1	101 011 1111 1111	rea root is		
Section 13 Tow	waship 30N Range 13W	, NMPM, Sar	Juan County		
	A MEDODOTTO OF OH AND MATE	DAT CAS			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS se of Austronized Transporter of Oil or Condensate Address (Give addr			address to which approved copy of this form is to be sent)		
Giant Refining Com			6, Farmington, NM 87499		
fame of Authorized Transporter of C			ch approved copy of this form is to be sent)		
El Paso Natural Ga			armington, NM 87499		
f well produces oil or liquids, ive location of tanks.		is gas actually connected?	When?		
	that from any other lease or pool, give comming				
V. COMPLETION DATA		ing order dataset.			
	Oil Weil Gas Well	New Weil Workover	Deepen Plug Back Same Res v Diff Res v		
Designate Type of Complete		Total Depth			
Date Spudded	Date Compi. Ready to Prod.	, can began	P.B.T.D.		
Sevanoss (DF, RK3, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	· · · · · · · · · · · · · · · · · · ·				
erforzuons			Depth Casing Shoe		
	TUBING, CASING AND	CENTENTING DECOR			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE	OF CHARGE TO SHEET				
	TEST FOR ALLOWARIE	<u> </u>			
TEST DATA AND DEC					
TEST DATA AND REQ	ther recovery of used volume of load oil and must	t be equal to or exceed top ello	vesible for this depth or be for full 24 hours.)		
IL WELL (Test must be a	after recovery of local volume of local oil and must Date of Test	Producing Method (Flow, pa			
IL WELL Test must be a	after recovery of total volume of load oil and mus	Producing Method (Flow, pa			
OIL WELL — (Test must be a Date First New Oil Run To Tank	after recovery of total volume of load oil and mus				
OIL WELL IT est must be a Date First New Oil Run To Tank rength of Test	after recovery of total volume of load oil and must Date of Test Tubing Pressure	Producing Method (Flow, pur Canng Press)	Gas-MCF		
OIL WELL IT est must be a Date First New Oil Run To Tank rength of Test	after recovery of total volume of load oil and must Date of Test	Producing Method (Flow, pur Canng Press)	E M Chin State		
OIL WELL (Test must be a Date First New Oil Run To Tank Length of Test Actual Prod. During Test	after recovery of total volume of load oil and must Date of Test Tubing Pressure	Producing Method (Flow, pur Canng Press)	Gas-MCF		
OIL WELL (Test must be a Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL	after recovery of total volume of load oil and must Date of Test Tubing Pressure	Producing Method (Flow, pur Caning Press) E G Water - Bbi A AUG Bbis. Condense MCCC	Gas-MCF O 6 1990 ON. Olivery of Condensate		
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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 asset 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.