Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Revised 1-1-89 e Instructi ottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Ī. Well API No. 30045 Vantage Point Operating Company Address 5801 E. 41st, suite 1001, Tulsa, Oklahoma 74135 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of Non-Producing Oil Well New Well Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator ARCO Oil and Gas Company, P.O. Box 1610, Midland, Texas 79702 a Division of Atlantic Richfield Company

IL DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee -08/226 257 Horseshoe Gallup Horseshoe Gallup Unit Location 330 Feet From The South Line and 1650 ___ Feet From The Unit Letter Range 16-W , NMPM, County Township 30-N III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas When? Twp is gas actually connected? Unit Sec. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay **Tubing Depth** Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Tubing Pressure Length of Test Water - Bbls. Oil - Bbls. Actual Prod. During Test MAR 0 4 1991 OU CON. DIV. **GAS WELL** Bbls. Condensate/MMCF DIST. 3 Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-m) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved __ By_ Tille - 2100

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No

- 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.

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OIL CON. DIV.