Submit 5 Co<sub>v</sub>ies
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 Battom 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

•		IO IHA	NSPO	HI OIL	ANU NA	UHAL GA				
Operator APCO OTL AND GAS COMPA	1			API No. 3004510286						
ARCO OIL AND GAS COMPANY, DIV. OF ATLANTIC RIC								3004310288		
1816 E. MOJAVE, FARMIN	IGTON,	NEW ME	XICO	87401						ļ
Resson(s) for Filing (Check proper box)		<del></del>			Othe	r (Please exple	ois)			
New Well		Change is	•	er of:_						
completion Oil X Dry Ges										
Change in Operator	Caninghead	d Gas	Condens		Effe	ctive 1	0/01/90			
f change of operator give name and address or previous operator										
IL DESCRIPTION OF WELL	ANDIE	CE								
Lesse Name	AND LEA	Well No.	Pool Nar	ne, Includio	g Formation	· ·	Kind of	Leage	La	ase No.
· · · · · · · · · · · · · · · · · · ·					IOE GALLUP State, F			ederal or Fe	14-20-6	504-1951
Location										
Unit Letter	_ : <u></u>		Feet From	na The		and4	.05 Fee	From The .	WEST	Line
Section 27 Townshir	, 31N		Range 1	۸W	, NIMPM, SA			N JUAN COUNTY		
Section 27 Township	, 3114		Kange '		, N	APM,	3/11/ 3			County
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AND	NATUI	RAL GAS					
Name of Authorized Transporter of Oil	( <del>X</del>	or Condes			Address (Giv		hich approved o			ı
MERIDIAN OIL COMPANY					P 0 BOX 4289, FARMINGTON, NM 87401					
Name of Authorized Transporter of Casinghead Gas or Dry					Address (Give address to which approved copy of this form is to be sent)					ret)
Washing Association Control	lus la la la				Is sas actually connected? When					
If well produces oil or liquids, give location of tanks.	Unext    E	Sec. 34	Twp.	Rge.  16W	Is gas actually connected? When NO			7		
If this production is commingled with that i	<del></del>		<del></del>	<del></del>	ne order num				<del></del>	
IV. COMPLETION DATA	.o, o		pour, gr. c	•		<u></u>			· · · · · · ·	
n : m .co		Oil Well	G	as Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		ل	Ļ_		Total Door	<u> </u>	11		<u> </u>	
Date Spudded	Date Com	mpl. Ready to Prod.			Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
CETABLES (DP, RED, RI, OR, SE.)					,			lasing Septin		
Perforations		-			<u> </u>			Depth Casin	g Shoe	
							- 9 11	EM		
TUBING, CASING AND (					CEMENT	REC	DE 1 A	F 111	<del></del>	
HOLE SIZE CASING & TUBING SIZE						DE TIMEET	- 2		SACKS CEM	ENT
	<del> </del>			<del>,</del>	ļ	<del>}}}}</del>	<del>D 2 8 199</del>	<b>J</b>		
						35		הוע.		
<del></del>					OIL COM.					
V. TEST DATA AND REQUES	T FOR	LLOW	ABLE		ł	-	DIST. 3	·		
OIL WELL (Test must be after r	ecovery of u	otal volume	of load o	il and must					for full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Te	s s			Producing M	ethod (Flow, p	ump, gas lift, d	ic.)		
I and different	Tubes Description			Casing Pressure			Choke Size			
Length of Test	Tubing Pressure			Casing Fromit						
Actual Prod. During Test	Oil - Bhis.		<del></del>		Water - Bbis			Gas- MCF		
-								·	<u> </u>	
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Condensate	
	1									
Testing Method (pitot, back pr.)	Tubing Presents (Shut-in)			Casing Press	um (Shut-is)		Choks Size	ı		
	<u> </u>				<b>.</b>			<u> </u>		
VI. OPERATOR CERTIFIC				CE		OIL CO	NSERV/	ATION	DMSK	)NC
I hearby contify that the rules and sugaintiens of the OB Conservation Division here been compiled with and that the information given show						SEP 2 7 1990				
is then and complete to the best of my		nd belief.				Approvi	_, S	FASA	1990	47.75
						s white	~		Λ .	
Dave Comin					Ph/	By Bull Chang				
Signature DAVE CORZINE		PROD.	S) IDE	RVISOR	by -				ISTRICT	12
Printed Name		, NOU .	Title	<u>, 4 T ⊃Ö</u> L(	Title	<b>,</b>	Suren	MOUN D	13 I HICT	r J
SEPTEMBER 24, 1990			325-		1108	· <del></del>				
Date		Tél	lephone N	0.						

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.