

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

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

STRICT III  
 10 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>Arco Oil &amp; Gas Company</b>		Well API No. <b>30-025-11785</b>
Address <b>P.O. Box 1610 Midland, Texas 79702</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Completion <input checked="" type="checkbox"/> Change in Operator		<input type="checkbox"/> Other (Please explain) Effective 09/01/92
Change of operator give name and address of previous operator <b>Earl R. Bruno P.O. Box 590 Midland, Texas 79702</b>		

**DESCRIPTION OF WELL AND LEASE**

Well Name <b>Carlson B 25</b>	Well No. <b>5</b>	Pool Name, including Formation <b>Justis Blinebry</b>	Kind of Lease State, Federal or Fee <b>XXX</b>	Lease No. <b>LC032579(e)</b>
Location Unit Letter <b>0</b> : <b>1980</b> Feet From The <b>East</b> Line and <b>990</b> Feet From The <b>South</b> Line Section <b>25</b> Township <b>25S</b> Range <b>37E</b> , NMPM, Lea County				

**DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Condensate <b>Texas-New Mexico Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2528 Hobbs, NM 88241</b>
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input type="checkbox"/> Gas <input type="checkbox"/> Dry Gas <b>Sid Richardson Carbon &amp; Gasoline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>201 Main Street Ft. Worth, Texas 76102</b>
Well produces oil or liquids, or location of tanks. Unit <b>P</b> Sec. <b>25</b> Twp. <b>25S</b> Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b> When?

This production is commingled with that from any other lease or pool, give commingling order number: **PC-552**

**COMPLETION DATA**

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Deviations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**TEST DATA AND REQUEST FOR ALLOWABLE**

**L WELL** (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.)

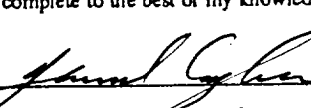
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

**AS WELL**

Total Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**OPERATOR CERTIFICATE OF COMPLIANCE**

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.

Signature:   
 Printed Name: **James D. Cogburn - Operations Coordinator**  
 Title: \_\_\_\_\_  
 Date: **09/09/92** Telephone No.: **505/391-1600**

**OIL CONSERVATION DIVISION**

Date Approved: **SEP 10 1992**

By: **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

Title: \_\_\_\_\_

**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.