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 Appropriate District Office
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 P.O. Box 1900, Hobbs, NM 88240

DISTRICT II
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DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

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

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

Operator ARCO OIL & GAS COMPANY		Well APN No. 30 025 20032
Address P. O. BOX 1710 HOBBS, NEW MEXICO 88240		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator		
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate ADD TRANSPORTER (GAS)		

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lessee Name SOUTH JUSTIS UNIT "C"	Well No. 16	Pool Name, Including Formation JUSTIS BLINEBRY THBR DRINKARD	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/> State	NM Lease No. LC060944
Location Unit Letter G : 2310 Feet From The NORTH Line and 1650 Feet From The EAST Line				
Section 14 Township 25 S Range 37 E , NMPM , LEA County				

III. 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 TEXAS NEW MEXICO PIPELINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P O BOX 2528 HOBBS, NEW MEXICO 88241			
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas SID RICHARDSON CARBON & GASOLINE CO.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1226 Jal, N.M. 88252			
TEXACO EXPLORATION & PRODUCTION	P. O. Box 3000 Tulsa, Ok. 74102			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected? Yes When?				

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. 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.		
Elevations (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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual 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

VI. 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: *James Cogburn*
 Printed Name: **JAMES COGBURN** Title: **OPERATIONS COORDINATOR**

Date: 6/21/93 Telephone No.: (505) 391-1621

OIL CONSERVATION DIVISION

Date Approved JUL 19 1993

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.

RECEIVED

JUN 2 1993

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