TRICT I Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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 Ruo Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	(DANV			,			3	0-025-04	125	
ARCO OIL AND GAS COM	IT AIN I									
Address	J MEYTCO	88240)							
BOX 1710, HOBBS, NEW	· LIEVICO	30240			Oth	es (Please expl	ain)			
Resson(s) for Filing (Check proper box	'/	Change is	Trans	onter of:		ECTIVE:		191		
New Well	Oil		Dry C				.,-,	, , ,		
Recompletion	Casinghe	-4 Csr [Coode							
Change is Operator	CHEURIX							·		
f change of operator give name and address of previous operator								·		
IL DESCRIPTION OF WEL	L AND LF	EASE								
Lease Name		Well No.	Pool I	Name, Includ	ing Formation			of Lease Federal or Fee		ease No.
SELBY MAVEETY		2	EU	MONT QU	JEEN GAS			recent of rec	FEE	
Location									THOR	
Unit Letter K	. 19	980	Fea F	rom The	SOUTH Lin	e and198	80F	et From The _	MEDI	Line
One Deace										_
Section 35 Town	ushi p	<u> 195 </u>	Range	<u>361</u>	<u>N</u> ,	MPM,	<u>LE</u>	<u> </u>		County
					DAT CAC					
III. DESIGNATION OF TR	ANSPORT	ER OF O	IL A	ND NATU	RAL GAS	a address to w	ich anmoud	copy of this for	m is so be as	ent)
Name of Authorized Transporter of Oi	, \square	or Conde	Sale		Audites (Oir		aus approve			,
			0-	· Cor (VV)	Address (City	a address to w	hich approved	copy of this for	m is to be se	est)
Name of Authorized Transporter of Ca			or Di	y Gas XX	1			OK 741		· ••
WARREN PETROLEUM COM		16	The -	1 9	Is gas actually		When			
If well produces oil or liquide,	Unit	Sec.	Twp	Rge	1 -	es Es	1 41958	5/24	191	
rive location of tanks.			<u> </u>					-/-7	/ / /	
If this production is commingled with t	hat from any o	ther lease or	pool, g	ive comming	nut orgen puris	·				
IV. COMPLETION DATA		lou we r		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Designate Type of Completi	on - (30)	Oil Well	· !	Cat Well	I HEM HELL	l morrore	Jupa			
		npi. Ready i	n Prod		Total Depth	<u> </u>	·	P.B.T.D.		
Date Spudded	Date Con	npi. Ready o								
TO DESCRIPTION OF CO.	Name of	Producing F	ormatio		Top Oil/Gas Pay		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of	tions and i	····	- .						
					J			Depth Casing	Shoe	
Perforations								1		
		TURING	CAS	ING AND	CEMENTE	NG RECOR	D			
		ASING & T				DEPTH SET		SA	CKS CEM	ENT
HOLE SIZE		ASING & I	000	<u> </u>						
V. TEST DATA AND REQU	FST FOR	ALLOW	ABLE	<u> </u>	<u> </u>					
OIL WELL (Test must be aft	er recovery of	socal volume	of load	l oil and must	be equal to or	exceed top allo	wable for thi	depth or be for	full 24 hou	PS.)
Date First New Oil Run To Tank	Date of T				Producing Me	thod (Flow, pu	mp, gas lift, e	ic.)		
Date the law on year 10 1-								·		
Length of Test	Tubing P	TESSUITE			Casing Press	ire		Choke Size		
Dung or 100										
Actual Prod. During Test	Oil - Bbi	£.			Water - Bbis.			Gas- MCF		
72.02 1.02 2 d. 1.0								<u> </u>		
CAR TITLE										
GAS WELL Actual Prod. Test - MCF/D	Length of	/ Test			Bbis. Conden	sate/MMCF		Gravity of Co	ndensue	
Actual Prod. Test - MCP/D	Lengus u				1			ł		
Tubing Pressure (Shut-in)		Casing Press	ire (Shut-in)		Choke Size	.,				
Testing Method (pilot, back pr.)	. some .									
		7.001.5	W # 4 1	NCE	1					
VL OPERATOR CERTIF	ICATE O	F COM	LIA	NCE		DIL CON	ISERV	ATION D	JVISIC	N
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.					1			MAY	3 0 19	Q1 ·
							_		y V IU	U I
as true and complete to the next of t	TA PROMEDIE				Date	Approve	U			
1. 01.					11		0.			
James D. Cogburn, Administrative Supervisor					By_		. Signed			
					Paul Kautz, Geologist					
Printed Name			Title		Title	7	CON RING			
May 27, 1991			<u> 392-</u>							
		Tal	enhone	No.	łl					

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
- WHILL RULE 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

Roser

MAY 2 9 1991

OMB MOMES OFFICE







Job separation sheet

NO. OF COPIES PECETYED					
DISTRIBUTIO					
SANTA FE	į				
FILE					
U.S.G.\$.					
LAND OFFICE					
TRANSPORTER	OIL				
MANS: ORIER	GAS				
OPERATOR					

	DISTRIBUTION	NEW MEXICO OIL (CONSERVATION COMMISSION	Fram C 124					
	SANTA FE	1	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11					
	FILE		AND	Effective 1-1-65					
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
	LAND OFFICE								
	TRANSPORTER GAS	-							
	OPERATOR								
i.	PRORATION OFFICE								
	Cperator ARCO Oil and Ga								
	Division of Atlantic Richfield Company								
	P. O. Box 1710, Hobbs, New Mexico 88240								
	l	Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well	Change in Transporter of:	Change in Operator Name						
	Recompletion	Oil Dry Go	effective: 4-1-79						
	Change in Ownership	Casinghead Gas Conde	nsate						
	If change of ownership give name								
	and address of previous owner								
**	DESCRIBITION OF WELL AND	Y E AGE							
H.	DESCRIPTION OF WELL AND Lease Name		me, Including Formation	Kind of Lease					
	Solly Manget	$\frac{1}{1}$ β	mont Queen Las	State, Federal or Fee					
	Location		mora, of their said	750					
	Unit Letter K ; 196	80 Feet From The South, Lir	ne and 1980 Feet From	The West					
	om zener	reaction the paragraph	16 4.14	The Control of the Co					
	Line of Section 35, To	ownship 195 Range	36E, NMPM,	Jea County					
III.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oi	TER OF OIL AND NATURAL GA	Address (Give address to which appro	and conv of this form is to be sent!					
		or contensate	Addies (Othe addies to which appro	ved copy of this form is to be senty					
	Name of Authorized Transporter of Co	ssinghead Gas or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)					
	50 Para Natura 0	Has Co	R. 1384 And A	1M 88757					
	If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected? Wh	en . A					
	give location of tanks.		Nea	Unknown					
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:						
IV.	COMPLETION DATA								
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	Path					
	No Change	Date Compt. Neddy to Piou.	Total Depth	P.B.T.D.					
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
	Perforations			Depth Casing Shoe					
			D CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			 						
v.	TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-					
	OIL WELL	able for this de	epth or be for full 24 hours)						
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)					
	No Change	Tubing Pressure	Cooley Brooms	Choke Size					
	Length of Test	lubing Pressure	Casing Pressure	Choke Size					
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF					
	,								
		<u> </u>							
	GAS WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate					
	Transfer de la	50 http://doi.org/10.1000/10.100/10.100/10.100/10.100/10.1000/10.1000/10.100/10.100/10							
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size					
37	CERTIFICAME OF COURT IAN	I CO							
Y 1.	CERTIFICATE OF COMPLIAN	ICE	OIL CONSERVA	TION COMMISSION					
	Therefore exists that the cules and	regulations of the Oil Conservation	APPROVED	19					
		with and that the information given	1 July 1 State						
	above is true and complete to th	e best of my knowledge and belief.							
	11 1 1								
	VIII-WK	1 1/2							
	(Sign	nature)	well, this form must be accompa	nied by a tabulation of the deviation					
	District Prod. & Drlg.	Supt.	tests taken on the well in accor	dance with RULE 111.					
		iile)	All sections of this form mu able on new and recompleted we	st be filled out completely for allow-					
	2-12-70		able on hew and recompleted, we	· •					

(Date)

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.