ox 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	1.233	TO TRAI	NSPC	RT OIL	AND NA	TURAL G	<u>as</u>				
rator ,							Well A	AM No.			
ARCO OIL AND GAS COMPANY					·)25-04225				
Address BOX 1710, HOBBS, NEW M	EXICO	88240									
Reason(s) for Filing (Check proper box)					-	er (Please expl	in) _ /	101			
New Well		Change in ?	-		EFF	ECTIVE:	5/29	191			
Recompletion	Oil	_	Dry Gas								
Change in Operator	Casinghead	Gas 📙	Condens	ate					" ', =		
if change of operator give name and address of previous operator											
	43 T I E A	CE									
IL DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including						ng Formation Kind			X Lease No.		
5 PINONE O					1.52			FEE FEE			
BYRD GAS COM	1		101	MONT O	OLIDA OIL						
Location Unit LetterE	:16	50	Feet Fro	m The	NORTH Line	33	0 Fe	et From The	WEST	Line	
Section 11 Township 20S Range 36E , NMPM, LEA County											
0.000			r a bir	NATT	DAT GAS						
III. DESIGNATION OF TRAN	SPORTE	or Condens	L ANL	, NAIU	Address (Giv	e address to wi	ich approved	copy of this form	is to be sent)	
Name of Authorized Transporter of Oil		~ ~~~~	[
Money	Address (Give address to which approved copy of this form is to be sent)										
ame of Authorized Transporter of Casinghead Gas or Dry Gas XX					P. O. BOX 1589, TULSA, OK 74102						
WARREN PETROLEUM COMPAI If well produces oil or liquids,	EN PETROLEUM COMPANY Others cil or limids. Unit Sec. Twp. Rge				le gae actually	y connected?	When	?	16.1		
give location of tanks.	produces ou or inquires,							9/			
If this production is commingled with that i	from any other	er lease or p	ool, give	commingl	ing order numb	xer:		· 			
IV. COMPLETION DATA							<u> </u>	<u> </u>		D. E. D	
	~	Oil Well	G	as Weil	New Well	Workover	Deepen	Plug Back Sar	ne kesv	Diff Res'v	
Designate Type of Completion				Total Depth		i	P.B.T.D.				
Date Spudded	Date Compl. Ready to Prod.			·							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					l			Depth Casing Si	noe		
I Cita anom											
TUBING, CASING AND					CEMENTI	NG RECOR	D				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SAC	KS CEMEN	VT	
	TOD A	LLOWA	DIE		l						
V. TEST DATA AND REQUES	1 FUK A	LLUWA Malana	en land o	il and must	be equal to or	exceed top allo	wable for this	depth or be for f	ull 24 hours.)	
	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
Date First New Oil Run To Tank	Date of Tes	-									
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size		
								Gas- MCF			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Cas- MCr			
		<u>-</u>			L						
GAS WELL	-										
Actual Prod. Test - MCF/D Length of Test					Bbls. Conden	sate/MMCF		Gravity of Condensate			
					Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)				Central Liceanie (Sum.m)						
	1 000	COLE	TART	CE	<u> </u>						
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									·	1	
is true and complete to the best of my l	mowledge an	d belief.			Date	Approve	d				
					Vilg. Diglied Ny						
familyen_					Paul Kautz						
Signature			C1122	nri enr	-, -	Ţ.	Geologist	,			
dames D. Cogburn, Adr	ninistr.	ative	Super Tale	ATOUL	THE						
Printed Name May 30, 1991		3	92-16	00	ll ime						
riay / 1771		Take	hans M		11						

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.

MAY 3 1 1991

Street Control