NEW MEXICO OIL CONSERVATION COMMISSION  SANTA FE  REQUEST FOR ALLOWABLE  Superardes Old  Super
REQUEST FOR ALLOWABLE  U.S.G.S.  LAND OFFICE  I PROBATION OFFICE  Departor ARCO 011 and Gas Company — Division of Atlantic Richfield Company  Address  P. O. Box 1710, Hobbs, New Mexico 88240  Resson(s) for filing (Check proper box)  New Weil Content of the Company of this form is 10 content of the Company of Address of previous owner  If change in Ownership give name and address of previous owner  Lease Name  Description of Well and Lease  Neil No. Pool Name, Including Formation  Unit Letter
U.S.G.S.  LAND OFFICE  IFANSPORTER  OL  GAS  OPERATOR  PROBATION OFFICE  Copercior ARCO 011 and Gas Company — Division of Atlantic Richfield Company  Address  P. O. Box 1710, Hobbs, New Mexico 88240  Reason(s) for filing (Check proper box)  New Well  Recompletion  Oli Dry Gas  Condensore  If change of ownership give name and address of previous owner  Loeston  Unit Letter  Location  Unit Letter  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Casingheed Gas or Dry Gas  Name of Authorized Transporter of Casingheed Gas or Dry Gas  Name of Authorized Transporter of Casingheed Gas or Dry Gas  Name of Authorized Transporter of Casingheed Gas or Dry Gas  Address (Give address to which approved copy of this form is to Shell Organical Casingheed Gas or Dry Gas Address (Give address to which approved copy of this form is to Shell Organical Casingheed Gas or Dry Gas Address (Give address to which approved copy of this form is to Shell Organical Casingheed Gas or Dry Gas Address (Give address to which approved copy of this form is to Shell Organical Casingheed Gas or Dry Gas Address (Give address to which approved copy of this form is to Shell Organical Casingheed Gas or Dry Gas Address (Give address to which approved copy of this form is to Shell Organical Casingheed Gas or Dry Gas Address (Give address to which approved copy of this form is to Shell Organical Casingheed Gas or Dry Gas Address (Give address to which approved copy of this form is to Shell Organical Casingheed Gas or Dry Gas Address (Give address to which approved copy of this form is to Shell Organical Casingheed Gas or Dry Gas Address (Give address to which approved copy of this form is to Shell Organical Casingheed Gas or Dry Gas Address (Give address to which approved copy of this form is to Shell Organical Casingheed Gas or Dry Gas Address (Give address to which approved copy of this form is to Shell Organical Casingheed Gas or Dry Gas Address (Give address to which approved copy of this form is to Shell Organical
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  LAND OFFICE  TRANSPORTER  OIL  GAS  OPERATOR  PROMATION OFFICE  Coperator ARCO 011 and Gas Company—  Division of Atlantic Richfield Company  Address  P. O. Box 1710, Hobbs, New Mexico 88240  Reason(s) for filing (Check proper box)  New Well  Change in Transporter of:  Change in Operator Name  effective: 4-1-79  Change in Operator Name  effective: 4-1-79  If change of ownership give name  and address of previous owner  If change of ownership give name  and address of previous owner  Unit Letter  Lesse Name  Unit Letter  Line of Section  Township  OS  Range  Range  Township  OS  Range  Township  OS  Range  Address  Address  Address  Address  Address (Give address to which approved copy of this form is to  P. Both  Name of Authorized Transporter of Claincheed Gas  Township  OS  Range  Address
TRANSPORTER OIL  GAS  OPERATOR  PROMATION OFFICE  Cperator ARCO Oil and Gas Company  Division of Atlantic Richfield Company  Address  P. O. Box 1710, Hobbs, New Mexico 88240  Reason(s) for filing (Check proper box)  New Weil Change in Transporter of: Change in Operator Name  Recompletion  Oil Dry Gas effective: 4-1-79  Change in Ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  Lease Name  Unit Letter : 2310 Feet From The South Line and 660 Feet From The West Condensate Line and 660 Feet From The West Condensate State, Federal or Feet From The Line of Section 8, Township 205 Range 37 E, NMPM, Laa  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil S or Condensate Address (Give address to which approved copy of this form is to Watch watch approved copy of this form is to Watch watch approved copy of this form is to Watch approved copy of this form is to Watch watch approved copy of this form is to Watch watch approved copy of this form is to Watch watch approved copy of this form is to Watch watch approved copy of this form is to Watch watc
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OPERATOR  OPERATOR  PROPATION OFFICE  Coercio: ARCO 011 and Gas Company - Division of Atlantic Richfield Company  Address  P. O. Box 1710, Hobbs, New Mexico 88240  Reason(s) for filing (Check proper box)  New Well  Change in Transporter of:  Change in Operator Name  effective: 4-1-79  Change in Operator Name  effective: 4-1-79  Change in Operator Name  effective: 4-1-79  Change in Operator Name  States of previous owner  BESCRIPTION OF WELL AND LEASE  Lease Name  Beschia  Bes
OPERATOR PROBATION OFFICE Coperator ARCO 011 and Gas Company — Division of Atlantic Richfield Company  Address P. O. Box 1710, Hobbs, New Mexico 88240  Reason(s) for filing (Check proper box) New Weil Change in Transporter of: Change in Operator Name Recompletion Oil Dry Gas effective: 4-1-79  Change in Ownership Casinghead Gas Condensate  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE Lease Name Location Change in Condensate  Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee  Line of Section Transporter of Oil Scale or Condensate  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Casinghead Gas or Dry Gas Name
PRORATION OFFICE Coperator ARCO 011 and Gas Company — Division of Atlantic Richfield Company  Address  P. O. Box 1710, Hobbs, New Mexico 88240  Reason(s) for filing (Check proper box)  New Well Change in Transporter of: Change in Operator Name  Recompletion OII Crassinghead Gas Condensate Proper box  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  Lease Name  Lease Name  Unit Letter State, Feet From The South Line and 660 Feet From The West Condensate Range of Authorized Transporter of OII AND NATURAL GAS  Name of Authorized Transporter of Calinghead Gas or Condensate Address (Give address to which approved copy of this form is to Manual Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to Manual Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to Manual Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to Manual Transporter of Casinghead Gas or Dry Gas Saddress (Give address to which approved copy of this form is to Manual Transporter of Casinghead Gas or Dry Gas Saddress (Give address to which approved copy of this form is to Manual Transporter of Casinghead Gas or Dry Gas Saddress (Give address to which approved copy of this form is to Manual Transporter of Casinghead Gas or Dry Gas Saddress (Give address to which approved copy of this form is to Manual Transporter of Casinghead Gas or Dry Gas Saddress (Give address to which approved copy of this form is to Manual Transporter of Casinghead Gas Saddress (Give address to which approved copy of this form is to Post Saddress (Give address to which approved copy of this form is to Post Saddress (Give address to which approved copy of this form is to Post Saddress (Give address to which approved copy of this form is to Post Saddress (Give address to which approved copy of this form is to Post Saddress (Give address to which approved copy of this form i
Description of Atlantic Richfield Company
Division of Atlantic Richfield Company  Address  P. O. Box 1710, Hobbs, New Mexico 88240  Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Change in Operator Name effective: 4-1-79  Change in Operator Name effective: 4-1-79  If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  Lease Name  Unit Letter J. 33/O Feet From The South Line and 600 Feet From The Well No. Pool Name, including Formation  Unit Letter J. 33/O Feet From The South Line and 600 Feet From The Well No. Pool Name of Authorized Transporter of Oil AND NATURAL GAS  Name of Authorized Transporter of Oil AND NATURAL GAS  Name of Authorized Transporter of Casinghead City or Dry Gas Address (Give address to which approved copy of this form is to Name of Authorized Transporter of Casinghead City or Dry Gas Address (Give address to which approved copy of this form is to Name of Authorized Transporter of Casinghead City or Dry Gas Address (Give address to which approved copy of this form is to Name of Authorized Transporter of Casinghead City or Dry Gas Address (Give address to which approved copy of this form is to Name of Authorized Transporter of Casinghead City or Dry Gas Address (Give address to which approved copy of this form is to Name of Authorized Transporter of Casinghead City or Dry Gas Address (Give address to which approved copy of this form is to Name of Authorized Transporter of Casinghead City or Dry Gas Address (Give address to which approved copy of this form is to Name of Authorized Transporter of Casinghead City or Dry Rige. Is gas actually confected? When Garden Company of the Name of Casinghead City or Dry Gas San Cas
P. O. Box 1710, Hobbs, New Mexico 88240  Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Recompletion Oll Dry Gas Change in Operator Name effective: 4-1-79  Change in Ownership give name and address of previous owner    Change of ownership give name and address of previous owner
P. O. Box 1710, Hobbs, New Mexico 88240  Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Recompletion Oil Change in Operator Name  effective: 4-1-79  DESCRIPTION OF WELL AND LEASE  Location  Unit Letter L.: 23/0 Feet From The South Line and 660 Feet From The West  Line of Section 8, Township 20 S. Range 37 E., NMPM, Laa  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to Section S. Address (Give address to which approved copy of this form is to Walley of Authorized Transporter of Casinghead Cle of Dry Gas Address (Give address to which approved copy of this form is to Walley of Authorized Transporter of Casinghead Cle of Dry Gas Address (Give address to which approved copy of this form is to Walley of Authorized Transporter of Casinghead Cle of Dry Gas Address (Give address to which approved copy of this form is to Walley of Authorized Transporter of Casinghead Cle of Dry Gas Address (Give address to which approved copy of this form is to Walley Dry Gas Section Secti
Reason(s) for filing (Check proper box)   New Well
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If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  Location  Unit Letter L: 23/0 Feet From The South Line and 660 Feet From The West  Line of Section 8, Township 20 S Range 37 E, NMPM, Las  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to the surface of Authorized Transporter of Casinghead Give or Dry Gas Address (Give address to which approved copy of this form is to the surface of Authorized Transporter of Casinghead Give or Dry Gas Address (Give address to which approved copy of this form is to the surface of Authorized Transporter of Casinghead Give or Dry Gas Address (Give address to which approved copy of this form is to the surface of Transporter of Casinghead Give address to which approved copy of this form is to the surface of Transporter of Casinghead Give address to which approved copy of this form is to the surface of Transporter of Casinghead Give address to which approved copy of this form is to the surface of Transporter of Casinghead Give address to which approved copy of this form is to the surface of Transporter of Casinghead Give address to which approved copy of this form is to the surface of Transporter of Casinghead Give address to which approved copy of this form is to the surface of Transporter of Casinghead Give address to which approved copy of this form is to the surface of Transporter of Casinghead Give address to which approved copy of this form is to the surface of Transporter of Casinghead Give address to which approved copy of this form is to the surface of Transporter of Casinghead Give address to which approved copy of this form is to the surface of Transporter of Casinghead Give address to which approved copy of this form is to the surface of Transporter of Casinghead Give address to which approved copy of this form is to the surface of Transporter of Casinghead Give address to which approved copy of this
If change of ownership give name and address of previous owner    DESCRIPTION OF WELL AND LEASE
DESCRIPTION OF WELL AND LEASE  Lease Name  Bertha G. Barber  Location  Unit Letter L: 23/0 Feet From The South Line and 660 Feet From The West From The Line of Section 8. Township 20 S. Range 37 E., NMPM.  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil S. or Condensate Address (Give address to which approved copy of this form is to Shell Designation Po Box 1910 Melland. The Name of Authorized Transporter of Casinghead Gle S. or Dry Gas.  If well produces oil or liquids, Unit Sec. Twp. Fige. Is gas actually confected?  When give location of tanks.
Bestha G. Barber    Well No. Pool Name, Including Formation   Kind of Lease
Bertha J. Barber  16 Monument Dollack State, Federal or Fee  Location  Unit Letter L: 2310 Feet From The South Line and 660 Feet From The Wast  Line of Section 8, Township 205 Range 37E, NMPM, Las  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to Shell Oine Inc. Casainghead Gless or Dry Gas Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Address (Give address to which approved copy of this form is to Waster Add
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If this production is comminded with the farm and the
If this production is commingled with that from any other lease or pool, give commingling order number:
COMPLETION DATA
Designate Type of Completion — (X)
Designate Type of Completion = (A)
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
No Change
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth
•
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TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEME
SACKS CEME
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TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to as any
OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or excapble for this depth or be for full 24 hours)
,
No Change  Date of Test  Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod During Test
Actual Prod During Test
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF
Actual Prod. During Test  Cil-Bbls.  Water-Bbls.  Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D  Length of Test
Actual Prod. During Test Cil-Bbls. Water-Bbls. Gas-MCF  GAS WELL
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 (nitet backers)
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Actual Prod. During Test  Cil-Bbls.  Water-Bbls.  Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure  Casing Pressure  Choke Size
Actual Prod. During Test  Cil-Bbls.  Water-Bbls.  Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Testing Method (pitot. back pr.)  Tubing Pressure

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

District Prod.

& Drlg. Supt.

(Title) (Date) VISOR DISTRICTE !

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE : 11.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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