Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	O TRAI	VSPC	HI OIL	AND NA	UHAL GA	15 Wall A	DI No			
Operator David H. Arrington Oil & Gas Inc.								Well API No. 30 - 025 - 31611			
<u>David H. Arrınç</u> Address	con U1	<u> 1 & U</u>	ας	LIIC					<u> </u>	<u> </u>	
P.O. Box 2071	Midla	nd. T	х.	7970)2						
Reason(s) for Filing (Check proper box)					Othe	r (Please expla	zin)				
New Well	Oil	Change in 1	Franspor Dry Gas								
Recompletion											
Change in Operator	Casinghead	Gas 📋 (Condens	zate					<u> </u>		
change of operator give name address of previous operator	 -										
I. DESCRIPTION OF WELL	AND LEA	SE								M-	
Lease Name State A		Well No. Pool Name, Includin 7 Eumont-Y						Kind of Lease State, Federal or Fee A - 13		23se No. 1375	
Location Unit LetterG	_ :19	80	Feet Fro	om The No	orth Line	and165	50 Fe	et From The	East	Line	
Section 2 Townsh	, 20 S. Range 36 E. , NMPM,						Lea County				
II. DESIGNATION OF TRAP	JCPORTFI	OF OIL	I. ANI	D NATIII	RAL GAS						
Name of Authorized Transporter of Oil		or Condens			Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	nt)	
				Gas X	A 11 (C:-		bish sammanad	l aomi of this f	orm is to be se	ent)	
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent) 201 Main St. Fort Worth, Tx. 76102										
Sid Richardson Car If well produces oil or liquids,			Twp. Rge. Is gas actually connected?					When ?			
ive location of tanks.					yes			7/10/92			
f this production is commingled with that	from any other	r lease or p			ing order numi	per:					
V. COMPLETION DATA						<u>,</u>			1	himn i	
Designate Type of Completion	- (Y)	Oil Well	0	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		Ready to	Prod	X	Total Depth	<u> </u>	L	P.B.T.D.		<u> </u>	
Date Spudded					3600 feet			3575 feet			
6/9/92 Elevations (DF, RKB, RT, GR, etc.)	Name of Pri	6/27/92 Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
•					3324 feet			3293 feet			
3588GR, 3598RKB Queen								Depth Casing Shoe			
3324 feet to 3544	feet.	(35 H	ole	s.)				<u> </u>	3593	feet_	
	TUBING, CASING AND							CACKO OFMENT			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
12½ inches		8 5/8 inches			369 feet			300			
<u>77/8</u> inches		5½ inches			3593 feet			950			
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE		<u> </u>	-		<u> </u>			
OIL WELL (Test must be after	recovery of to	al volume	of load o	oil and must	be equal to or	exceed top all	lowable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes		<u></u>		Producing M	ethod (Flow, p	ump, gas lift,	esc.)			
	<u> </u>				Cosing Proce			Choke Size			
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure					
Asset Prod During Tost	Oil - Bbls.				Water - Bbls.			Gas- MCF			
ual Prod. During Test Oil - Bbls.											
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
1,350	24 hours				0			NA NA			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Back Pressure		_180)			<u> </u>		32,	<u>/64_inc</u>	hes	
VI. OPERATOR CERTIFIC				1CE		OIL CO	NSFRV	'ATION	DIVISIO	NC	
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.					JUL 20 92						
is true and complete to the best of my	ALLOWINGE M				Date	e Approve					
N. 1 4 A.	-, we for	h - 61	n. T				Orig.	Signed of			
Signature the Drossident						By Paul Kautz Geologist					
David H. Arri	ngton	<u>Presi</u>	den	t			, Lie	MINRINA			
Printed Name			Title		Title)					
July 13,1992	1-910	- 002 - Tele	phone i	<u>√</u> ¥o.							

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.