

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator ARCO OIL & GAS COMPANY	Well API No. 30-025-08844
Address P. O. BOX 1710 HOBBS, NEW MEXICO 88240	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐

If change of operator give name
and address of previous operator

Cancel, Eunice SF on allow

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE 157 "A"	Well No. 1	Pool Name, Including Formation JALMAT T. YATES 7 RQ5	Kind of Lease State, Federal or Fee XXXX	Lease No.
Location Unit Letter 0 : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 9 Township 22 S Range 36 E , NMPM, LEA County				

III. 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 be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
GPM Gas Corp.	4001 PENBROOK ODESSA, TEXAS 79760					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					YES	02/04/93

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X						
Date Spudded 01/13/93	Date Compl. Ready to Prod. 02/04/93		Total Depth 4000		P.B.T.D. 3630			
Elevations (DF, RKB, RT, GR, etc.) 3550 GR	Name of Producing Formation QUEEN		Top Oil/Gas Pay 3185		Tubing Depth 3576			
Perforations 3185 - 3586					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15.5	12 1/2		235					
10	8 1/4		1483		400 SX			
7 5/8	5 1/2		3731		300 SX			
	2 3/8		3576					

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 154	Length of Test 24 HR	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size FULL OPEN

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 OPERATIONS COORDINATOR
Printed Name Title
02/24/93 (505) 391-1621
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 25 1993
By ORIGINAL SIGNED BY [Signature]
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.