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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-08864 ARCO OIL AND GAS COMPANY Address BOX 1710, HOBBS, NEW MEXICO 88240 Other (Please explain) Reason(s) for Filing (Check proper box) EFFECTIVE: 6/13/9/Change in Transporter of: New Well \mathbf{x} Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator change of operator give name ad address of previous operator If cha II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation Lease Name State, Federal or Fee FEE JALMAT gas D. D. HARRINGTON WN GAS Location __ Feet From The NORTH __ Line and __ Feet From The 990 Unit Letter __ Range 36E LEA County , NMPM, 22S Section 10 Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas XX P. O. BOX 1589, TULSA, OK 74102 WARREN PETROLEUM COMPANY When ? Rge. Is gas actually connected? Unit Twp Sec. If well produces oil or liquids, give location of tanks. YES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Water - Bbis. Oil - RNs Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMK.F Gravity of Condensate Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation uve been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved _

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

James D. Cogburn, Administrative Supervisor

inted Name

- 6/14, 1991

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

Per Visco

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

Title

Telephone No.

392-1600

- 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.

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