Appropriate District Color DISTRICT I P.O. Box 1980, Hobbe, 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	U IHAN	SPORT OIL	ANU NA	UNAL GA	VO Well A	DI NA			
perator	· · · · · · · · · · · · · · · · · · ·							222		
ARCO OIL AND GAS COMPANY					30-			-025-08922		
Admes		00010								
BOX 1710, HOBBS, NEW	MEXICO	88240		☐ Oth	A (Please explo	rie)				
Reason(s) for Filing (Check proper box)		Change in Tra	nemotes of		A (1 10100 C.J.)					
Yew Well	Oil '		y Ges	EF	FECTIVE:	5-1	1,90			
Recompletion \Box	Casinghead		nodenzate				, -			
Change in Operator Change of operator give name	Campicac	<u>~ _ ~</u>				· · · · · · · · · · · · · · · · · · ·				
ed address of previous operator										
L DESCRIPTION OF WELL	. AND LEA	SE								
Lase Name		Well No. Po	ol Name, Includi	ng Formation			Less STA	TE L	ease No.	
McDONALD WN STATE		14	JALMAT YA	TES GAS		State,	Pederal or Pe	A-26	14	
ocation										
Unit LetterG	, 16	50 Pe	et Prom The	NORTH Lin	and16	<u>50</u> №	et From The .	EAST	Lin	
UER ZASI									_	
Section 15 Towns	1ip 22	S Ra	inge 36E	, N	VPM,	LEA			County	
II. DESIGNATION OF TRA	<u>NSPORTEI</u>	R OF OIL	AND NATU	RAL GAS	e address to wi	lish sameud	come of this f	form is to be se	-)	
Vame of Authorized Transporter of Oil	[]	or Condensate			BOX 1510				,	
TEXAS NEW MEXICO PIP	ELINE CO	MPANY			e address to w			form is to be se		
Name of Authorized Transporter of Casi	nghead Gas	or	Dry Gas XX	ROY 15	89, TULS	SA. OK	74102	~ ~ # ~ V5 #	,	
WARREN PETROLEUM CO.		<u> </u>	- Bee		y connected?	When			 	
l' well produces oil or liquids, ive location of tanks.		Ξ.	m. Rge. 22S 36E_	YES			-	5-11	,90	
						1 91	I CANONIN		<u></u>	
this production is commingled with the V. COMPLETION DATA	t from my out	er neares or pou	z, grve commung.	mg oron ama						
V. COMBELLION DATA		Oil Well	Ges Well	New Well	Workover	Deepes	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	1	i	i _	İ	<u>i </u>		<u></u>	<u> </u>	
Date Spudded		L Ready to Pr	od.	Total Depth			P.B.T.D.			
							<u></u>			
Sevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Form	atice	Top Oil/Gas	Pay		Tubing Dep	4		
	-			<u> </u>			<u> </u>			
Til Crait Cas							Depth Casi	eg 2006		
							<u> </u>			
				CEMENTING RECORD			OLOVO OFFICE			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
				ļ			 			
							 			
				 			+	•		
. TEST DATA AND REQUI	CCT FOD A	HOWAR	H.R	<u>. </u>						
		ed where of	lood oil and musi	be equal to o	exceed top all	owable for thi	s depth or be	for full 24 hou	es.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes			Producing M	ethod (Flow, p	ump, gas lift,	MC.)			
Date Pirk New Oil Rule 10 12mc	Date of 1ea	•								
Longth of Test	Tubing Pre	STURE		Casing Press	ure		Choke Size)		
Walter At 1 and										
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
OAG TIME! I										
GAS WELL Actual Prod. Test - MCF/D	Length of	Tost		Bbls. Conde	nate/MMCF		Gravity of	Condensate	,	
PARMS FIUL 1684 - MICHEL	# Link see - Mrtin			_						
lesting Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size			
some tasserve (have) any la A		•					<u></u>			
VL OPERATOR CERTIFI	CATEOE	COMPI	IANCE					D0 // 0 / 6	~~!	
VL OPERATOR CERTIFI	CAID UL	Oil Conservat	lion	1 (OIL COI	NSERV				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							MAY	1 4 19	90	
is true and complete to the best of m	y knowledge a	nd belief.		Date	e Approve	ed		- 1 10		
	. ,				pp.040					
11.51	/m -			D	ORIG	INAL SIGN	IED RV I=	RRY SEXTO		
Sientire		tivo Co-	norvicor	By_		DISTRIC	SUPER	aa i Sexto //soo	N	
James D. Cogburn, Ad	ministra					- · · · · · · · ·	···JUPER	13UK		
Printed Name		=	itie 51	Title)					
5-11,90		392-35	one No.							

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.