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 Rettorn of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well API No.			
ARCO OIL & GAS CO	MPANY						3	0-025-24	418		
Address P O BOX 1710	новвя	S, NM	882	.40							
Reason(s) for Filing (Check proper box)		·			KX O	her (Please expl	lain)				
New Well		Change in			•	PLEASE	ASSIGN	AN OIL	TESTING	ALLOWABLE	
Recompletion	Oil		Dry G	as <u>L</u>		OF 1000	BBLS	FOR MONT	H OF FEE	3. 93	
Change in Operator	Casinghe	id Gas 🔲	Conde	nsate							
if change of operator give name and address of previous operator											
	DESCRIPTION OF WELL AND LEASE			o. Pool Name, Including Formation				Kind of Lease Fue Lease No.			
Lease Name		Well No.	1	•	ATES 7RQ	•			State, Federal or FeeX		
W. C. ROACH		ر ا	EUM	ONI I	AIES / KQ			. · · · · · · · · · · ·	1		
Unit Letter F	:16	550	Feet Fr	rom The	North Li	ne and16	50	Feet From The	West	Line	
Section 21 Township	20	S	Range	37	E , N	мрм,		LEA		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NAT	URAL GAS						
Name of Authorized Transporter of Oil	[XX]	or Conden			Address (Gi	ve address to wi		• • • •	•	eri)	
SKURLOCK PERMIAN (OX 3119				<u> </u>	
Name of Authorized Transporter of Casing	thead Gas	KXX	or Dry Gas		1			pproved copy of this form is to be sent)			
GPM GAS CORP.					4001	4001 PENBROOK, OI		DESSA, TEXAS 70760			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rg	e. Is gas actual	Is gas actually connected?		When?			
give location of tanks.	F	21	20	37	Y	ES	i	01/0	7/93		
If this production is commingled with that f	rom any oth	er lease or	pool, giv	ve commin	gling order man	ber:					
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Rack	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>i</u>	i_		<u> </u>		1	<u> </u>	i		
Date Spudded	pl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations				. I				Depth Casing Shoe			
			0.00		- CE) (E) III	NO DECOR	<u> </u>	<u> </u>			
	TUBING, CASING AND			CEMENTI				SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SAUNS CEM	ENI		
											
					-			-			
	ļ ———										
V. TEST DATA AND REQUES	T FOR A	IIOWA	RLE								
OIL WELL (Test must be after re	control of to	ed where	of load a	oil and mu	st he equal to or	exceed top allo	mable for t	his depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te		<i>o</i> y 1000 0	, , , , , , , , , , , , , , , , , , ,	Producing M	ethod (Flow, pu	mp, gas lift	, etc.)			
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
					<u> </u>						
GAS WELL					- IBC+	A A 1/40		Gravity of (Condenses		
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conder	mie/MMCP		Gravity of C	Condensus]	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size		
VL OPERATOR CERTIFICA	ATE OF	COMP	IJAN	ICE	1						
				ب.	(DIL CON	ISER\	/ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					H	FEB 0 2 1993					
is true and complete to the best of my lo	nowledge ar	d belief.			Date	Approve	d		LED 0	2 1993	
Jan Cy	h					• •					
Signature	0777	mr ove	0000		∬ By_	595	<u> </u>	od o odki Obslaviski	LXTON		
AMES COGBURN Printed Name	OPERA	TIONS	COORI	DINATO	· I			. Or La Milde	s.i *		
02/01/93		(505		-1621	Title						
Date		يمام [mone N	DL.	11						

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.