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

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 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

<u>I</u>		UIRAN	SPORT OIL	אַראַן טוּאַן.	OT IAL CAP	Well A	Pl No.			
Operator CARC COMPANY						1	30-025-24418			
ARCO OIL AND GAS COMPANY										
Address NEW YORKS NEW	MENT CO	88240								
BOX 1710, HOBBS, NEW	MEXICO_	00240		Othe	r (Piease expla	in)	 		<u></u>	
Reason(s) for Filing (Check proper box)		hange in T-	ansporter of:							
New Well	Oil	nange in 1 n		EFI	FECTIVE:	1/31/9	2			
Recompletion \square	Oil Casinghead	_	ondensate							
Change in Operator		<u> </u>								
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEAS	SE								
Lease Name		Well No. Po	ol Name, Includi				of Lease No.			
W. C. ROACH			UNICE MON		1BC 5A	State, I	Federal of Fee	1	···	
Location				Rth				WEST		
TC	. 1650	F2		SOUTH Line	and	Fee	et From The _	ME91	Line	
Unit Letter						TEA			_	
Section 21 Townshi	2 0S	R:	ange 37	E , NN	IPM,	LEA			County	
		. c=	4 h 100 h 1	DAT 040						
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATU	AGGRESS (Criw	address to wh	ich approved	copy of this fo	em is to be s	eni)	
Name of Authorized Transporter of Oil	P. O. R	ox 3119,	Midlan	i, TX 7	9702-3	119				
Scurlock Permian Corp.	mband Car	[XX]	Drv Gas							
Name of Authorized Transporter of Casing	EFFECTI	√ <u>E:</u> Febr	uary 1, 199	24001 Pe	nbrook,	Odessa,	TX 797	760		
PHILITIDS LECTORERS	GPM Unit	Gas Cqq	poration Rge.	Is gas actually	connected?	When	?			
If well produces oil or liquids, give location of tanks.	1 5 L	21	20 37	YES			8/10/7	73		
If this production is commingled with that	from any other	lease or por	al, give comminel		er.					
IV. COMPLETION DATA			_						_,	
	~	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	<u></u>	Total Depth		L	P.B.T.D.	L.,		
Date Spudded	Date Compl.	Keady to Pr	UL.	- may septil						
Elevations (DF, RKB, RT, GR, etc.)	ation	Top Oil/Gas Pay			Tubing Depth					
Perforations						_ -	Depth Casing	g 710c		
					vo =====		<u> </u>			
	TUBING, CASING AND				NU RECOR	ט		ACVC CT	AENT	
HOLE SIZE CASING & TUBING			NG SIZE	DEPTH SET			S	SACKS CEN		
										
										
				 						
V. TEST DATA AND REQUES	T FOD A	LLOWAR	LE	l						
V. TEST DATA AND REQUER OIL WELL (Test must be after t	recovery of tol	al volume of	== load oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 ho	மு s.)	
Date First New Oil Run To Tank	-	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)								
THE RESERVE THE PARTY OF THE PA					<u> </u>					
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
_	1.						Gas- MCF			
chual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
				<u> </u>			<u></u>			
GAS WELL		_ 		_			·			
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
					- /e		Choke Size			
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)	Casing Press.	ne (Sunt-id)		CHOKE SIZE			
				 			1			
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE		OIL CON	SERV	ATION I	DIVISI	NC	
I hereby certify that the rules and regulations of the Oil Conservation				1					~··	
Division have been complied with and that the information given above				Date Approved FEB 0 4 '92						
is true and complete to the best of my	KIIOWiedge and	, venet.		Date	Approve	a				
flum Cy										
	in			By_	Carrie		<u> </u>			
Signature James D. Cogbern, Operations Coordinator					• -	- 1	Principle.			
Printed Name Title					Title					
1/31/92			-1600					-		
Date		Teleph	one No.							
			maliance with	- 4 404						

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.