DISTRICT # P.O. Drawer DD, Astenia, NM \$8210

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

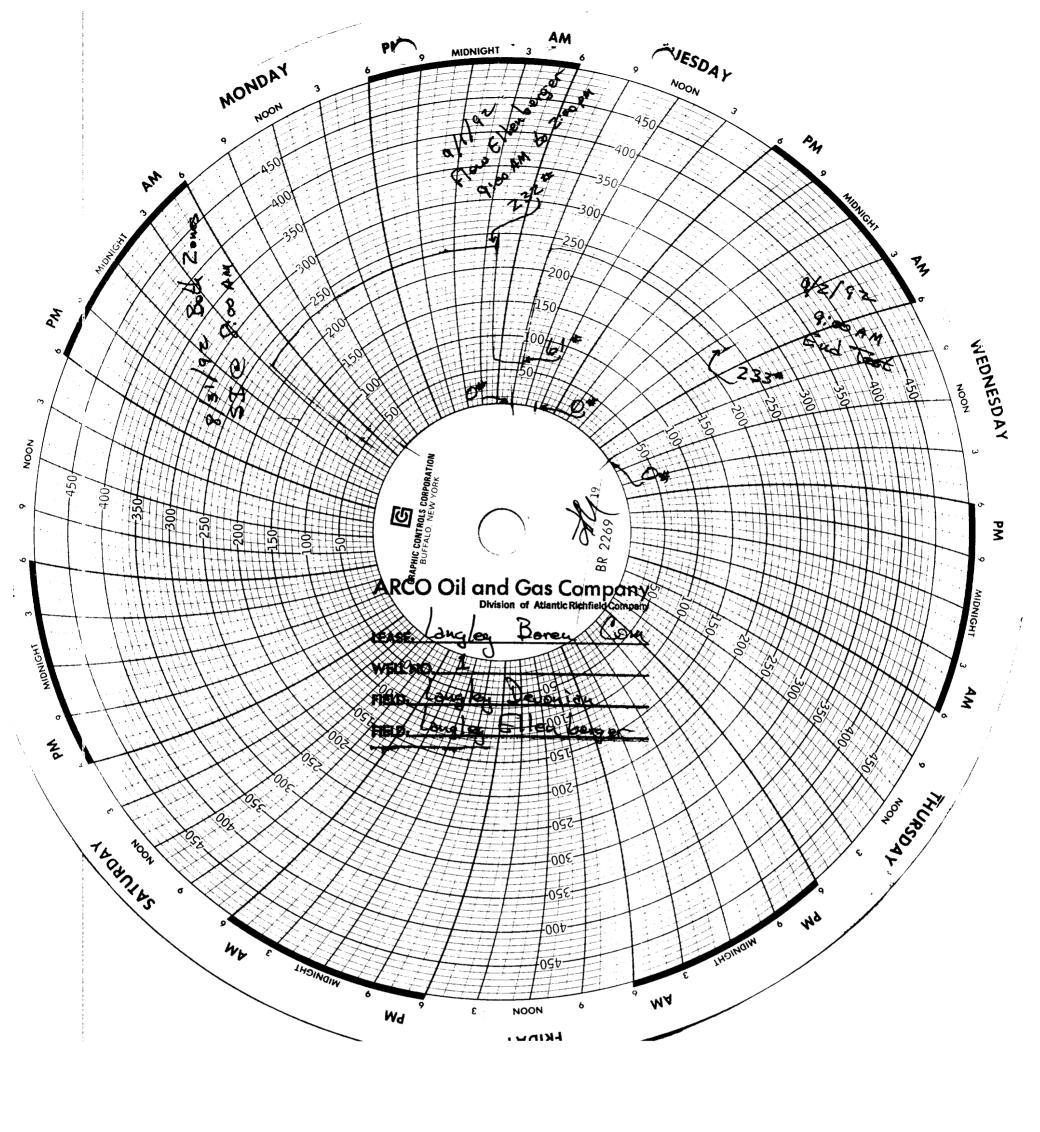
DISTRICT MI 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L .		IO IHA	MOPU	<u> </u>	IL AND NA	I UNAL G					
Operator ARCO OIL AND GAS COM			1	30-025-2607S							
Address BOX 1710, HOBBS, NEW	MRYTO	88240)								
Reason(s) for Filing (Check proper box)	IIIAIO	00240			Oth	et (Please exp	lain)				
New Well Change in Transporter of:											
Completion Dry Gas EFFECTIVE: 4/1/90 ///0//9/											
Change in Operator	Casinghead		•	sate	EF	FECTIVE:	4/1/9	11/01	1/9/		
If change of operator give same and address of previous operator											
IL DESCRIPTION OF WELL AND LEASE											
Lease Name Langley Greer Com Well No. Pool Name, Including Formation Langley Devonian Gas Kind of Lease No. State, Pederal Pool Langley Devonian Gas										mae No.	
Location) 150 150											
Unit Letter	_ :_ 16 =	<u> </u>	Feet Pro	m The 🗥	Lin	e and/_!	<u>00_</u> F	eet From The	10637	Line	
Section 21 Township 225 Range 36E 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)											
Taxas New Me xico Proeline Co.						P.O. BOX 2528 Hobbs NM 88240					
Name of Authorized Transporter of Casis	Address (Give address to which approved copy of this form is to be sent)										
Sid Richardson Carbon	on Carbon & Gasoline Co.					P. O. Box 1226, Jal. NM					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.		le gas actually		When	1 EPNE		79	
C	IEI	211	22	136				war	2n 10-	22-7 '	
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or p	DOL, grve	comming	ing order princ					 	
		Oil Well	G	ss Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	•	Pandy to			Total Depth			BRTD	<u> </u>	<u> </u>	
Date Spudded	Date Compl. Ready to Prod.							P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
-				-							
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								•			
											
					<u> L</u>			l	•		
V. TEST DATA AND REQUES	T FOR AL	LLOWA	BLE						4 JI 34 L	_1	
OIL WELL (Test must be after re			f load ou	and must	be equal to or	bod /Flow min	wable for this	depin or be j	OF JULI 24 NOW	"	
Date First New Oil Rus To Tank	Date of Test Producing Method (Flow, pump, gas lift, etc.)										
Leagth of Test	Tubing Pressure				Casing Pressur	•		Choke Size			
	<u> </u>						Car MCE	Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbla.						
GAS WELL					<u>l.</u>						
Actual Frod. Test - MCF/D	Length of Te	at			Bbls. Condens	MMCF		Gravity of C	ondensate		
3.333.0											
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
T Open a mon consuma	A TOT OF 4	701 AT	I A BY	70	<u> </u>		· · · · · · · · · · · · · · · · · · ·				
VL OPERATOR CERTIFICA				Æ		IL CON	SERVA	MOIT/	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											
is true and complete to the best of my knowledge and belief.					Date Approved						
						Date Approved					
1 de la como					D.,	ODIGINIAL	CICNAD :	BA TEBBA	SEXTON		
Section					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Administrative Supervisor											
-7/27/90 11/05/91			2-355	1	Title_						
Date			one No.		ll						

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.



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OCD HOBBS OFFICE