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

		IO IDAN	SPUNI OIL	MIND IAW	I UNAL QA						
Operator ARCO OIL AND GA	S COMPANY					Weil API No. 30-025-26146					
P.O. 1710 HOBBS N.M. 88240						1 3-3 3-1 3					
	N.M. 0				er (Planes avolo	.im)					
	To a sum group and						et (Please explain)				
iew Well		Change in Tr									
Recompletion 🔠	Oil	ם 🗀	ry Gas 📖								
Change in Operator	Casinghea	d Gas 🔲 C	londensate 🔲								
change of operator give name											
nd address of previous operator L. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name STATE 157 D		Well No. Pool Name, Includi							Lease No. 157		
Cocation		9 1	EUMONT YAT	ES / KQ		ATA	Federal or Federal	13	<i>'</i>		
Unit Letter P	:	660 F	ect From The SO	UTHLin	e and <u>330</u>	Fe	et From The.	EAST	Line		
	: - 225	9	2 ange 0.6 m	N	мрм,	LEA			County		
Section 12 Townsh	i p 22S	R	ange 36E		MITNL,				County		
II. DESIGNATION OF TRAI	NSPORTE			RAL GAS							
Name of Authorized Transporter of Oil		or Condensa		Address (Gn	ve address to wh	uch approved	copy of thus j	orm is 10 de 3e	ou)		
	WARREN PETROLEUM CO. or Dry Gas X				Address (Give address to which approved copy of this form is to be sent) BOX 1589, Tulsa, OK. 74102						
If well produces oil or liquids,	Unit	Unit Sec. Twp. Rge.						= '			
ive location of tanks.				YES			<u>-14-93</u>	·			
this production is commingled with that V. COMPLETION DATA	trom any our	er lease or po	or, give continuing:	ing order norm	vei.						
Designate Type of Completion	- (20)	Oil Well	Gas Well	New Well	Workover	Deepen		Same Res'v	Diff Res'v		
Date Spudded		ol. Ready to P	Trod.	Total Depth		L	P.B.T.D.	J	<u> </u>		
6-23-93		Date Compl. Ready to Prod. 7-14-93			6800			3600			
levations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
3444 GR		YATES			2660			3347			
erforations							Depth Casir	ng Shoe			
2660-3346 W/		O" SHOT									
	CASING AND	CEMENTING RECORD			- -						
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
		9 5/8			1220			650 CIRC			
		5 1/2			6793			2190 CIRC			
	+	2 3/	8	ļ <u>-3</u>	347	· · · · · · · · · · · · · · · · · · ·					
. TEST DATA AND REQUE											
IL WELL (Test must be after	recovery of to	otal volume of	load oil and must	be equal to o	exceed top allo	owable for th	is depth or be	for full 24 hou	σs.)		
Date First New Oil Run To Tank	Date of Te	:d		Producing M	lethod (Flow, pu	ump, gas lift,	eic.)				
ength of Test	Tubing Pro	Tubing Pressure			Casing Pressure			Choke Size			
					Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - ISOLE							
GAS WELL 7-14-93				<u> </u>							
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Condensate/MMCF			Gravity of Condensate				
230		24			0			Choke Size			
esting Method (pitot, back pr.) SALES LINE	Tubing Pri	essure (Shut-i	a)	Casing Fressure (Shut-in)			WO WO				
I. OPERATOR CERTIFIC					OIL CON	JSERV	MOITA	DIVISIO	NC		
I hereby certify that the rules and regr Division have been complied with an	ilations of the	Oil Conserva	ition above	1			, , , , , , , ,		J 1 4		
is true and complete to the best of my				Date	e Approve	d AUG	0 4 199	3	10010		
- fernalization					Orig. Signe						
8fgpdfure					By Orig. Signe Paul Kautz Geologist						
JAMES COGBURN Printed Name	<u>Operati</u>	•	dinator Nue	Title	,	Lie 01	voagu.				
8/3/93		391-1			·						
Date		Telepi	hone No.	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.

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