Submit 5 Copies
Appropriate District Office
DISTRICT 1
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., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L.	T	OTRA	NSP	ORT OIL	AND NA	TURAL	<u>GAS</u>	Well A	ST N.			
Operator			30-				5					
ARCO OIL AND GAS COMPA	ANY											
Address												
Reason(s) for Filing (Check proper box)					Oth	A (Please e	eplain)					
New Well		hange in]	•	[T2	E	FFECTI	JE:	11/01	./91			
Recompletion	Oil Dry Gas A EFFECTIVE. 17701791 Casinghead Gas Condensate											
Change in Operator Life change of operator give name	Catingnesa	<u> </u>	Colloca							-		
and address of previous operator					·							
II. DESCRIPTION OF WELL	AND LEA	SE						V:-4 a	(Lease	1 14	ase No.	
Lease Name	Well No. Pool Name, Including LANGLEY E.								Federal or Fee FEE			
LANGLEY BOREN COM								<u> </u>		7.0		
Unit Letter H	. 1780	0	Feet Fr	rom The	NORTH Lin	e and6	60	Fo	et From The	EAST	Line	
Omit Letter				36	F		1.	EA			County	
Section 20 Township	, 2	2S	Range		<u> </u>	MPM,					County	
III. DESIGNATION OF TRANS	SPORTER	OF OI	L AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil	GI OK I ZA	or Condens	ale	XX	Address (Gn					orm is to be se	nt)	
TEXAS NEW MEXICO PIPEL	INE CO.								NM 88		m/1	
Name of Authorized Transporter of Casing Warren Petroleum Compa					Address (Give address to which approved to BOX 1226, Jal, NM				88252			
Sid Richardson Carbon If well produces oil or liquids,	& Gasoline Co. Unit Sec. Twp.			Rge.				When				
give location of tanks.	in i	20 İ	22	36	YE:			0	5/06/91			
If this production is commingled with that f	rom any other	r lease or p	ool, gi	ve comming!	ing order num	ber:						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workove	. 1	Оеерев	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	i		İ	<u>i</u>	i_			l	1	
te Spudded Date Compl. Ready to Prod.					Total Depth				P.B.T.D.			
No. of Participant Company					Top Oil/Gas Pay				Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					•							
Perforations									Depth Casing Shoe			
						VO DEC			<u> </u>			
	TUBING, CASING AND				DEPTH SET				SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEI III DEI							
									 			
V. TEST DATA AND REQUES	T FOR A	LOWA	RLE		<u> </u>				L			
OIL WELL (Test must be after re	ecovery of total	al volume d	of load	oil and must	be equal to o	exceed top	allowal	de for this	depth or be	for full 24 hou	73.)	
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)												
	Tubing Pressure				Casing Pressure				Choke Size			
Length of Test									0. 1/05			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF	Gas- MCF		
											ئـــــــــــــــــــــــــــــــــــــ	
GAS WELL					150 O 1	AD4C			Gravity of (ondensate.		
Actual Prod. Test - MCF/D	Length of T	Length of Test				Bbls. Condensate/MMCF						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size	Choke Size		
lesting Method (pick, back pr.)									<u> </u>			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE			NIC	ERV	MOITA	DIVISIO	N	
I hereby certify that the rules and regul-	ations of the	Dil Conserv	vation		1		טאוכ	LILVA		DIVIOIC		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Data Approved							
·					Dall	Date Approved						
fam (g)					∥ _{By} _	ll Rantz						
Signature Tames D. Coghurn. Operations Coordinator					-,-		GC	NTOR 122	F v			
Printed Name					Title	·						
11/15/91			92-1 phone									
Date		100										

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.