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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

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

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator ARCO OIL AND GAS  |                             | 3  |  |                                    | 0-025-26391    |                             |                          |            |  |
|--|-----------------------------|--|--|------------------------------------|----------------|-----------------------------|--------------------------|------------|--|
| Address<br>P.O. BOX 1710, H  | OBBS NM 8844                | 0  |  |                                    |                |                             |                          |            |  |
| Reason(s) for Filing (Check proper be  |                             |  | Out  | et (Please expl                    | lain)          |                             |                          |            |  |
| New Well   |                             | e in Transporter of:_                      |  | ,                                  | ·              |                             |                          |            |  |
| Recompletion   | -                           | Oil Dry Cas CHANGE OIL TRANSPORTER         |  |                                    |                |                             |                          |            |  |
| Change in Operator   |                             | Casinghead Gas Condensate EFFECTIVE MAY 1, |  |                                    |                |                             |                          |            |  |
| f change of operator give name<br>and address of previous operator   |                             |  |  |                                    |                |                             |                          |            |  |
| I. DESCRIPTION OF WE   | LL AND LEASE                |  |  |                                    |                |                             |                          |            |  |
| Lease Name   | Well                        | No. Pool Name, Inc                         | -  |                                    |                |                             | of Lease STATE Lease No. |            |  |
| STATE 157 D  | STATE 157 D 10              |  | DRINKARD   |                                    | State          | State, Federal or Fee 157   |                          | 57         |  |
| Location 0   | 660                         |  | SOUTH Lin  | 165                                | 0 -            | icat Emm The                | EAST                     | Line       |  |
| Unit Letter  | :                           |  |  |                                    |                | ex riom rise                |                          |            |  |
| Section 12 Tow   | zaship 22                   | Range 36                                   | , N  | MPM, LE                            | <u>.A</u>      |                             |                          | County     |  |
| II. DESIGNATION OF TR  |                             |  | TURAL GAS  |                                    | 17.4           | d                           | m is to be a             |            |  |
| Name of Authorized Transporter of Oil or Condensate PRIDE PIPELINE COMPANY   |                             |  | Address (Give address to which approved copy of this form is to be sent) BOX 2436, ABILENE, TX 79604 |                                    |                |                             |                          | ou)        |  |
| PRIDE PIPELINE Consumer of Authorized Transporter of Consumer of Authorized Transporter of Consumer of |                             | or Dry Gas                                 |  |                                    |                | 19004<br>d copy of this for | m is to be s             | ent)       |  |
| WARREN PETROLEUM   |                             |  | -  | 9, TULSA                           |                |                             |                          |            |  |
| If well produces oil or liquids,   | Unit   Sec.                 |  |  | Is gas actually connected? When    |                |                             |                          |            |  |
| ive location of tanks.   | N 12                        | 22 <b>S</b> 36E                            | - 1  |                                    | 19/2           | 6/79                        |                          |            |  |
| f this production is commingled with   | that from any other lease   |  |  | ber:                               |                |                             |                          |            |  |
| V. COMPLETION DATA   | 10:11                       |  |  | Workover                           | Deepen         | Plug Back S                 | ame Resiv                | Diff Resiv |  |
| Designate Type of Complet  |                             | 1  |  |                                    | i              | i i                         | ,                        | í          |  |
| Date Spudded   | Date Compi. Read            | y to Prod.                                 | Toui Depth   |                                    |                | P.B.T.D.                    |                          |            |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation   |                             |  | Top Oil Gas  | Top Oil Gas Pay                    |                |                             | Tubing Depth             |            |  |
|  |                             |  |  |                                    |                |                             | Depth Casing Shoe        |            |  |
| Perforations   |                             |  |  |                                    |                | Depth Casing                | 7µoe                     |            |  |
|  | TUBIN                       | G, CASING AN                               | D CEMENTI  | NG RECOR                           | D              |                             |                          |            |  |
| HOLE SIZE CASING & TUBING  |                             |  | DEPTH SET  |                                    |                | SACKS CEMENT                |                          |            |  |
|  |                             |  |  |                                    |                |                             |                          |            |  |
|  |                             |  |  |                                    |                |                             |                          |            |  |
|  |                             |  |  |                                    |                | 1                           |                          |            |  |
|  |                             |  |  |                                    |                |                             |                          |            |  |
| . TEST DATA AND REQU   | UEST FOR ALLO               | WABLE                                      |  |                                    | £1             | :- dd b d                   | £ 11 34 h                | \          |  |
|  | fier recovery of total volu | me of load oil and m                       | ust be equal to or   | exceed top allo<br>ethod (Flow, pu | owable for the | es depth or be for          | Juli 24 Nou              | rs.)       |  |
| Date First New Oil Run To Tank   | Date of Test                |  | Producing Me   | einoa ( <i>r tow, p</i> u          | emφ, gas iyi,  | esc.)                       |                          |            |  |
| Length of Test   | Tubing Pressure             | Tubing Pressure                            |  | Casing Pressure                    |                |                             | Choke Size               |            |  |
| zengui or Tesa   | I doing riesauc             |  |  |                                    |                |                             |                          |            |  |
| Actual Prod. During Test   | Oil - Bbls.                 |  | Water - Bbis.  |                                    |                | Gas- MCF                    |                          |            |  |
|  |                             |  |  |                                    |                |                             |                          |            |  |
| GAS WELL   |                             |  |  |                                    |                |                             |                          |            |  |
| Actual Prod. Test - MCF/D  | Length of Test              |  | Bbls. Conden   | Bbls. Condensate/MMCF              |                |                             | Gravity of Condensate    |            |  |
|  |                             |  | Carina Dance   | Casing Pressure (Shut-in)          |                |                             | Choke Size               |            |  |
| esting Method (pitot, back pr.)  | Tubing Pressure (S          | Casing Press.                              | Casing Pressure (Silon-in)   |                                    |                |                             |                          |            |  |
| I. OPERATOR CERTIF   | TCATE OF COM                | MPLIANCE                                   |  |                                    | .0=5:          |                             |                          |            |  |
| I hereby certify that the rules and r  |                             |  |  | DIL CON                            | ISERV          | ATION D                     | IVISIC                   | N          |  |
| Division have been complied with   | and that the information    | given above                                |  |                                    |                |                             |                          |            |  |
| is true and complete to the best of  | my knowledge and belie      | ••   | Date   | Approve                            | d              |                             |                          |            |  |
| 90 Oland   |                             |  |  | n en rigera en rig                 | ir. Ital       |                             |                          |            |  |
| Signature<br>JAMES COCBURN   | ADMINITORD CONT.            | e cupenurca:                               | 11   |                                    |                |                             |                          |            |  |
|  | ADMINISTRATIV               | E SUPERVISOR                               | 3 1  |                                    |                |                             |                          |            |  |
| Printed Name   | (505) 392-1                 |  | Title.   |                                    |                |                             | ·                        |            |  |
| 4/24/91<br>Date  | 747-11                      | Telephone No.                              |  |                                    |                |                             |                          |            |  |

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   Separate Form C-104 must be filed for each pool in multiply completed wells.