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DISTRICT II P.O. Drawer I	N Aderia N	M 88210
P.U. DIAWER L		MI GOTIA

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., Azter	, NM	87410
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REQUEST FOR ALLOWABLE AND AUTHORIZATION

L	1	TO TRA	NSP	ORT OIL	AND NA	TURAL GA		API No.		<u> </u>		
Operator ARCO OIL AND GAS	COMPANY						1		-025-Ø31070			
Address	COMIAN								<u> </u>			
	NEW M	EXICO) 8	8240								
Reason(s) for Filing (Check proper box)		O and in	T	and and a fi		er (Please expla		AN OTT 7	ΓΓςτια	ALLOW-		
New Well XX	Oil	Change in	Dry G							OF APRIL		
Recompletion	Casinghead	4 Gas 🗍	Conder	_						MIT PEND		
Change in Operator												
ad address of previous operator												
L DESCRIPTION OF WELL	AND LEA	SE			<u> </u>			4 . 61		case No.		
Lease Name		Well No.	{		ing Formation			nd of Lease ite, Federal or Fe	-			
LANGLEY BOREN				NGLEY	STRAWN					<u> </u>		
Location B	. 6	60	Feet Pr	mm The N	ORTH Lin	and <u>1650</u>) [.]	Feet From The	EAST	Line		
Unit Letter										Country		
Section 20 Townsh	ip <u>22</u> S	5	Range	36	<u>e</u> , N	MPM,		LEA		County		
II. DESIGNATION OF TRAN	SPORTE	R OF OI	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conden	sale		Address (Giv	e address to wh	uch appro	ved copy of this j	'orm is to be se	put)		
TEXAS NEW MEXICO		NE			BOX 2	528, F	IOBBS	, NEW M	EXICO	88240		
Name of Authorized Transporter of Casin	ighead Gas	\mathbf{x}	or Dry	Gas 🛄	Address (Giv	e address 10 wh EENBROO	ich <i>appro</i>)K.O	wed copy of this f DESSA,	ог жизю Бе я ГХ 797	6 0		
WARKEN PETROLEUM	E8s			- Per	1			DR ?				
If well produces oil or liquida, jve location of tanks.	Unit	Sec. 20	22S	36E	YE		1		/26/91			
this production is commingled with that	from any oth	er lease or	pool, giv	ve comming	ling order num	ber:						
V. COMPLETION DATA	•								· · · · · ·			
	~~~~	Oil Well		Gas Well	New Well	Workover	Deepe	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		, J. Ready to	Prof		Total Depth	I	L	P.B.T.D.	1			
Date Spudded	Date Comp	Date Compl. Ready to Prod.										
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fo	mation	1	Top Oil/Gas	Top Oil/Gas Pay		Tubing Dep	Tubing Depth			
					<u> </u>	. <u></u>		Depth Casin	ng Shoe			
Perforations												
	т	TIRING	CASE	NG AND	CEMENTI	NG RECOR	D	!				
HOLE SIZE		SING & TU				DEPTH SET			SACKS CEMENT			
HOLE SIZE												
					<u> </u>							
	_ <b>_</b>			. <u></u>								
. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	<u></u>		<u></u>						
IL WELL (Test must be after	recovery of 10	ral volume	of load	oil and mus	t be equal to or	exceed top allo	wable for	this depth or be	for full 24 hou	<b>FS.)</b>		
Date First New Oil Run To Tank	Date of Ter				Producing M	ethod (Flow, pu	mp, gas li	ft, etc.)				
					Casing Pressure		Choke Size	Choke Size				
Length of Test	Tubing Pre	SELIC.			Casing rices	110						
Actual Prod. During Test	Oil - Bbis.	Oil Phie		Water - Bbls.			Gas- MCF					
Actual Prod. During Test	Ou - Dou											
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF		Gravity of	Condensate			
				Casing Pressure (Shut-in)		Chake Size	Choke Size					
festing Method (pilot, back pr.)	Tubing Pre	ssure (Shut	i-ina)		Casing Press	tte (Stiot-m)		Choice Size				
					-\r							
VL OPERATOR CERTIFIC	CATE OF	COM		NCE		<b>DIL CON</b>	ISER	VATION	DIVISIO	<b>N</b>		
I hereby certify that the rules and regu Division have been complied with and	ilations of the infor	Oil Conser mation giv	vation en abov	¢								
is true and complete to the best of my	knowledge ar	nd belief.			Date	Approve	d	MA	6 3 199	1		
	1				11							
_ think as	han				By_	0312			/ SEXTON			
Simular James D. Cogbur		nistr	ativ	ve Sur								
Printed Name	<u></u>		Title		Title	. <u></u>						
<u>March 27, 1991</u>		<u>392-</u> Tele	1600	)								
Date		1 64	ANNE I									

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.

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.

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