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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs NM 88240

DISTRICT II

State of New Mexico Enc. y, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741							ION				
I.	1	OTRAN	NSPORT	OILA	ND NATUI	RAL GAS					
Operator ARCO Oil and Gas Company						Well API No. 30-025-32273					
Address											
P.O. Box 1710, Hobbs, New Mexi	co 88240										
Reason(s) for Filing (Check proper box,					☐ Od	her (Please ex	plain)		. . 		
New Well		Change i	n Transpo								
Recompletion	Oil		Dry G	as 🔲							
Change in Operator	Casinghe	ad Gas 🗀	Conde	nsate 🔲							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WE	TI AND	IFASI									
Lease Name	Well No. Pool Name, Including Formation					Kind	Kind of Lease Lease No.				
STATE "O"								, Federal or Fee	B-2288-3		
Location			1 2010		DOTT RATER	DI QUEDIT			D-2200-3		
Unit Letter E	. <u>1770'</u>	 	Feet From	m the N	ORTH Line	and 660'	Fee	et From The WES	T	Line	
Section 32 To	wnship 20 S	8	Range	37 E	,NM,	PM.	LEA			County	
	···					· · · · · · · · · · · · · · · · · · ·					
III. DESIGNATION OF TI	RANSPO!	RTER (OF OII	LAND	NATURA	L GAS					
Name of Authorized Transporter of Oil or O			nsate		Address (Give address to which approved			t copy of this form is to be sent)			
Name of Authorized Transporter of Cas	singhead Gas		or Dry Ga	as X	Address (Give	address to w	hich approve	d copy of this form	n is to be sen	u)	
WARREN PETROLEUM COMP.	ANY	لــــا	•	لكا	BOX 1589	TULSA OK	74102				
If well produces oil or liquids, Unit Sec.				Rge	. Is gas actuall	y connected?	When	1?			
-	<u> </u>		<u> </u>		YES		12	-28-93			
If this production is commingled with the IV. COMPLETION DATA	nat from any	other lease	or pool, g	give comm	ningling order i	number:					
Designate Type of Completion	n - (X)	Oil Well	G _i	s Well X	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth			P.B.T.D.			
10-22-93	12-28-93				3700'			3655'			
Elevations (DF, RKB, RT, GR, etc.) 3529' GR	Name of Producing Formation YATES/7 RIVERS/QUEEN				Top Oil/Gas Pay 2663'			Tubing Depth 3506'			
Perforations					<u> </u>	·		Depth Casing Shoe			
2663' TO 3532'	C Ty	(2						3700'	3700'		
		TUBIN	G, CASI	NG ANI	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				D	EPTH SET		SACI	SACKS CEMENT		
12 1/4"	8 5/8"				400'			350 SX - CIR	350 SX - CIRC		
7 7/8"	8" 5 1/2"				3700'			850 SX - CIRC			
	2 3/8"				3506'			ļ			
V. TEST DATA AND REQ	LEST FO	RALL	OWAR	RI.E	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
OIL WELL (Test must be after					ust be equal to	or exceed ton	allowable fo	er this depth or be	for full 24 h	ours)	
Date First New Oil Run To Tank	Date of Test				Producing Me		ump, gas lift,		Je. J 2		
Length of Test	Tubing Pre	Tubing Pressure				re	·	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas - MCF			
OAC WELL	<u> </u>	·				· · · · · · · · · · · · · · · · · · ·					
GAS WELL											
Actual Prod. Test - MCF/D 228	Length Of Test 24 HOUR				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.) SALES LINE	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size W/O			
VI. OPERATOR CERTIFIC	CATE OF	COMI	PLIAN	CF	Γ			L			
				CE	OI	L CONS	ERVAT	ION DIVIS	ION		
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 3AN # 6 1994						
Who who has	(//)				• •					
Signature	By _		ORIGINAL	SIGNED BY J	ERRY SEX	TON					
ROBERT L. MANTHEI	DISTRICT I SUPERVISOR										

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

505-391-1602

Title

Telephone No.

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.