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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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

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

PISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS											
						0,0,0	Well Vit 1 1400				
ARCO OIL AND GAS COMPANY							30-0	30-025-04586			
							_				
Address BOX 1710, HOBBS, NEW ME	XICO 88	8240									
Reason(s) for Filing (Check proper box)				_	Other	r <i>(Please exploi</i> ECTIVE :	1/2/	2/91			
New Well		ange in Tr	-	er of:	Erri	ECTIVE.	6/10				
Kitcombierrog 🗮	Oil	_	ry Gas Condensa								
Charle in Observe —	Casinghead Ga	<u> </u>	Onocas	<u>ب</u>							
f change of operator give name and address of previous operator											
	ND LEASI	E									
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including the Pool Na				g Formation Kind of				Lease Lease No. deral or Fee FEE			
ERNEST C. ADKINS		9	EUMOI	VT QUE	EN GAS						
Location	·			_		1010	_		EA	ST Line	
Unit LetterO	:730_	F	ed From	n The _S	OUTH_Line		Fee	t From The		Line	
County L.F.A. County										County	
Section 9 Township	21S_		unge_	30	<u>r. , 144</u>	11.1.4					
	POPTER	OF OIL	AND	NATUI	RAL GAS						
Marne of Authorized Transporter of Oil or Coodensate						Address (Give address to which approved copy of this form is to be sent)					
Marie of Management											
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX						Address (Give address to which approved copy of this form is to be sent)					
THE COMPANY						P. O. BOX 1589, TULSA, OK 74102 Is gas actually connected? When?					
If well produces oil or liquids,	Unit Se	e 7	[wp.	Rge.	_		"	6/20/91			
rive location of tanks.			مرين م	commingli							
If this production is commingled with that fi	rom any other i	ease or po	XX, give	COLIZINAGE							
IV. COMPLETION DATA	I	Dil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		51.	i		İ		l			1	
Date Spudded	Date Compl. I	Ready to F	Prod		Total Depth			P.B.T.D.		-	
					Top Oil/Gas I	Pav		Tubing Depth	,		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
					Depth Casing Shoe						
Perforations											
	111	BING. C	CASIN	G AND	CEMENTI	NG RECOR	D	,			
1101 E 817E	CASING & TUBING SIZE				DEPTH SET			S	SACKS CEMENT		
HOLE SIZE											
		. 01114	DV E		<u> </u>			I <u></u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after to	T FOR AL	LOWA	DLE Sland a	il and must	he equal to or	exceed top allo	wable for this	depth or be f	or full 24 hou	rs.)	
OIL WELL (Test must be after re	Date of Test	VOLUME O	, 100a U	<u> </u>	Producing Mo	ethod (Flow, pu	mp, gas lift, e	sc.)			
Date First New Oil Run To Tank	Date of Tex							C V. Co.			
Length of Test	Tubing Press	ure			Casing Press.	ite		Choke Size]	
Length of 1em	I Bolley							Gae- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.						
								<u></u>			
GAS WELL						- A A //-C		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of Te	æ			Bbis. Conder	MINICI		Cieva, or c			
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
Testing Method (pitot, back pr.)											
	<u></u>			CE	1						
VI. OPERATOR CERTIFIC	ATE OF		LIAN	ICE	(OIL CON	ISERV	ATION	DIVISIO	ON	
as the profite that the rules and regulations of the Oil Conservation								July 2	5 1991	٠	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Approve	d	िक्रिका है।	9 1001		
R time time complete or any over or any						Date Approved					
fam of en					D.,	7	Paul K	aut z			
					11 -	By					
Games D. Cogburn, Administrative Supervisor					Title	· · ·					
Printed Name			92-1		II TILIE						
Mary 2/24, 1991		Tele	phone N	io.							
											

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.

JUN 2.4 1991

MCCS SHIP