Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs NM 88240

P.O. Drawer DD, Artesia, NM 88210

DISTRICT II

State of New Mexico E. .gy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 8741														
I. TO TRANSPORT OIL AND NATURAL GAS Operator Well										PI No.				
ARCO Oil and Gas Company											025-04703			
Address P.O. Box 1710, Hobbs, New Mexi	ac 99140							-						
Reason(s) for Filing (Check proper box						Orb	on (Planes or				 -			
New Well		Change	in Transpo	rter of:	Ш	Our	er (Please ex	xpiain)						
Recompletion	Oil	X	Dry G	. 📙										
Change in Operator If change of operator give name	Casinghe	ad Gas ∟	J Conder	nsate										
and address of previous operator	· · · · · · · · · · · · · · · · · · ·		···-	····										
II. DESCRIPTION OF WE	ELL AND	LEASI	E											
Lease Name						ding Formation K				kind of Lease state, Federal or Fee STATE		Lease No.		
STATE "F" DE Location		3	EUMO	NT YAT	ES 7 R	VS QN			STA	TE .	B-1581			
Unit Letter K	.: <u>1980</u>		Feet Fron	n the SC	OUTH	_Line a	nd 1815		_Feet	From The WE	ST	Lin		
Section 19 To	wnship 21 S		Range .	36 E		,NMP	M, LEA					County		
III. DESIGNATION OF T	RANSPO	RTER (OF OIL	AND	NATU	JRAI	GAS							
Name of Authorized Transporter of Oil EOTT OIL PIPELINE CO To Condensate						Address (Give address to which approved copy of this form is to be sent) BOX 4666, HOUSTON, TX 77210-4666								
Name of Authorized Transporter of Casinghead Gas X or Dry Gas GPM GAS CORP.					Address (Give address to which approved 4001 PENBROOK, ODESSA, TX 2									
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge K 19 21 36				. Is gas actually connected? When YES UN				When'	? VKNOWN				
If this production is commingled with the	at from any	other lease	or pool, g	ive comm	ingling o	order nu	ımber:	1						
IV. COMPLETION DATA		189 99.0		187 (1	T									
Designate Type of Completio	n - (X)	lOil Well	l I Gas	s Well	l New	Well I	Workover	Deep	en	Plug Back Sa	me Res'v	Diff Res'v		
Date Spudded	Date Comp	1. Ready to	o Prod.		Total D	epth				P.B.T.D.		.1		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay					Tubing Depth				
Perforations	4	· · · · · · · · · · · · · · · · · · ·								Depth Casing S	Shoe	· , ,,,,,,,,, - ,		
		TUBIN	G. CASIN	NG AND	СЕМЕ	ENTIN	G RECOR	SD.						
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT				
	ļ													
	<u> </u>									 				
V. TEST DATA AND REQU										·				
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes	total volum	e of load o				r exceed top od (Flow, p				for full 24	hours.)		
		•			1 TOGUCII	ig ivien:	iou (riow, p	nump, gas	s ци, e	nc.)				
Length of Test	Tubing Pressure				Casing Pressure					Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.					Gas - MCF							
GAS WELL	A								1	<u> </u>				
Actual Prod. Test - MCF/D	Length Of Test				Bbls. Condensate/MMCF					Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					Choke Size				
71. OPERATOR CERTIFIC	CATE OF	COMF	PLIANC	Œ	Γ				1					
I hereby certify that the rules and regu						ОП	CONS	ERV	ATI	ON DIVIS	ION			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					ll NO					/ 22 1993				
1 -1 /				1		vate A	Approve	a			<i>-</i>			
Janlyh					В	v	OR	IGINAL	. SIG	NED BY JERR	Y SEXT	9N		
JAMES COCBURN	0	PER CO	ORD		٦ ا	· J				T I SUPERVI				
Printed Name			l'itle	[1 ~	41.								

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

11/17/93

Date

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

Telephone No.

391-1600

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.