Submit 5 Copies Appropriate District Office		New Mexico Joural Resources Department	Form C-104 Revised 1-1-89 Set Instructions at Battern of Base
P.O. Box 1980, Hobbs, NM \$8240	OIL CONSERV	ATION DIVISION	al Bottom of Page
<u>)ISTRICT II</u> 20. Drawer DD, Artesia, NM \$\$210	P.O. I	30x 2088 1exico 87504-2088	
NSTRICT III 000 Rio Brazos Rd., Aztec, NM 87410			0 11
	REQUEST FOR ALLOWA	BLE AND AUTHORIZATK	UN
Operator			Well API No.
ARCO 011 and Gas	s Company		30-025-09248-00
		1-1710 Other (Please explain)	
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas Casinghead Gas Condensate		
change of operator give name	Casinghead Gas Condensate ar1 R. Bruno - P.O. Draw	er 590 - Midland TX	79702
L DESCRIPTION OF WELL	Well No. Pool Name, Inclu		Kind of Lease No. State)Federal or Fee PLC A
Sinclair, Sta	te 3 fo Seven Ri	vers Queen	State Proderal or Fee B-1506
Location Unit Letter		North_Line and330	Feet From The West Line
Section 3 Towns	hip 23S Range 36	E , NMPM,	Lea County
I. DESIGNATION OF TRA hame of Authorized Transporter of Oil	NSPORTER OF OIL AND NATI	Address (Give address to which app	roved copy of this form is to be sent)
HOCH OIL CO. DIV	ROCH IND ING		KENRIDGE, TX 76024 roved copy of this form is to be sent)
Name of Authorized Transporter of Cas WARAEN PETROLEL	IM COMPANY	BOX 1589, TULSA	,015 74102
if well produces oil or liquids, ive location of tanks.	Unix Sec. Twp. Rev D 3 23 36	Is gas actually connected? Y = 5	When? 6/17/9/
f this production is commingled with the	at from any other lease or pool, give commin		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Dee	pen Plug Back Same Res'v Diff Res'v
Designate Type of Completio	n - (X)	Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.		r.b. (1).
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TURING CASING ANT	CEMENTING RECORD	I
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
. TEST DATA AND REQU	EST FOR ALLOWABLE		
IL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volume of load oil and mu Date of Test	n be equal to or exceed top allowable for Producing Method (Flow, pump, gas	or this depth or be for full 24 hours.) lift, etc.)
			Choke Size
Leagth of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL			
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
osting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
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I. OPERATOR CERTIFI		OIL CONSER	RVATION DIVISION
Division have been complied with an is true and complete to the best of m	d that the information given above		οτο () 1 '09
0 0/		Date Approved	
Jan Cart	m	By ORIGINAL SIGN	NED BY JERRY SEXTON
James D. Cogburn Printed Name	- Operations Coordinator Take	THO	
11/25/02	(505) 391-160	Title	
11/25/92 Date	Telephone No.		

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