it 5 Copies opriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brizzos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L		O TRA	<u>NSPC</u>	RT OIL	AND NA	UHAL GA	<del>∜⊘</del>	PI No.		<del></del>	
Operator								30-025-10434			
ARCO OIL AND GAS COMPANY							30	-025-10	134		
Address			-								
BOX 1710, HOBBS, NEW M	EXICO_	<u>88240</u>					<del> </del>				
Reason(s) for Filing (Check proper box)					_	s (Piease explo	wu / /-	0/41			
New Well	Change in Transporter of: EFFECTIVE: 6/28/91										
Recompletion	Oil Dry Gas 🖾										
Change in Operator	Casinghead	Gas 🔲	Condens	ate							
If change of operator give name											
and address of previous operator							<del></del>		•		
IL DESCRIPTION OF WELL	AND LEA	SE					1 444 4		<del></del>		
Lease Name	Well No. Pool Name, Including				ng Formation		1	of Lease Federal or Fed		ease No.	
OLLIE J. BOYD		2 BLINEBRY GAS				3.2.,			FEE FEE		
Location									r ve am		
D	. 330		Feet Fro	m The	NORTH Line	and44	ad 440 Feet From The WEST Line				
Unit Letter											
Section 23 Township	, 22S		Range	371	. NA	IPM,	LEA	1		County	
THE DESIGNATION OF TRANS	SPORTER	OF OI	LAND	NATU	RAL GAS			6.11.6	·		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent)											
TEXAS NEW MEXICO PIPELI	BOX 1510, MIDLAND, TX 79701										
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)					ont)	
WARREN PETROLEUM COMPANY								OK 74102			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actually	When	When? 6/28/91				
give location of tanks.	$D \perp$	23	22_	37	YI			6/28/	9/		
If this production is commingled with that f	rom any othe	r lease or p	ool, give	commingl	ing order numb	er:				<del></del>	
V. COMPLETION DATA	•										
		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	- (X)	İ	1		<u> </u>	. <u>.</u>		P.B.T.D.	<u> </u>	<b></b>	
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depth					
	- AUG-1			<del></del>							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Cas I	зy		Tubing Depth			
								Dorth Carin	Depth Casing Shoe		
Perforations									g	į	
					<del></del>			<u> </u>			
TUBING, CASING AND					CEMENTI	NG RECOR	D	SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	THOSE OFFE							<del> </del>			
					<u> </u>			<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE					don't ar he	for full 24 hou	et )	
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ecovery of lo	al volume	of load o	il and must	be equal to or	thod (Flow, pu	made jor inc	ic)	<i>a j</i> 2.24 /20	<del>,,,</del>	
Date First New Oil Run To Tank	Date of Tes				Producing Me	unou (Fiow, pa	<i>ι</i> .φ, χω .ყ., •	~-,		ļ	
			Casing Pressure			Choke Size					
Length of Test	Tubing Pressure				Casing 11cassio			1			
					Water - Bbis			Gas- MCF			
Actual Prod. During Test .	Oil - Bbis.				Water - Boilt						
	<u> </u>				<u> </u>			<u> </u>			
GAS WELL								18	andr-m-		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
7100 100								Choke Size			
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
and the second s											
ATT OFFICE CERTIFIC	ATE OF	COMP	LIAN	CE		NI 001	ICEDV	ATION	חוייופור	NI.	
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					li .				· 166		
is true and complete to the best of my knowledge and belief.					Date	Approve	d				
						Date / priores					
fand den					D.,						
Genetica					<sup>Dy</sup>	By Paul Sauta Geologist					
James D. Cogburn, Administrative Supervisor						•					
Printed Name			1846 192–16		Title						
<u>₩</u> 7//, 1991			phone N			•					
Date					11						

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.