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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

Form C-104 Revised 1-1-89 See Instruction at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Astesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

_		OTRA	NSPO	RT OIL	AND NAT	URAL GA	VS Wall	PI No.			
Operator ARCO OIL AND GAS COMPANY						30-025-24420					
Adminis		202/0									
P.O. BOX 1710, HOP		38240			Other	(Please expla	úr)				
eason(s) for Filing (Check proper box)		Change in	Transport	ter of:							
ecompletion	Oil	Dry Gas			CHANGE OIL TRANSPORTER EFFECTIVE MAY 1, 1991						
hange in Operator	Casinghead	d Gas	Condens	ale	EFFI	CTIVE M	AY 1, 1	991			
change of operator give name											
d address of previous operator		CE									
. DESCRIPTION OF WELL	i	Well No. Pool Patrie, Incide			ng Formation			Kind of Lease State, Federal or Fee		Lease No. FEE	
ANNIE L. CHRISTMAS		4	DRIN	NKAKU							
ocation	. 1980	)	Feet Fro	on The	SOUTH Line	and660	Fe	et From The	EAST	Line	
Unit Letter	. 225			37E			LEA			County	
Section 17 Towns	hip 223	<del></del> _	Range		, NN	IPM,					
I. DESIGNATION OF TRA	NSPORTE	R OF O	IL ANI	D NATU	RAL GAS						
in DESIGNATION OF TRA		or Conde	nesie		1 1				orm is to be se	NU)	
PRIDE PIPELINE CO	MPANY				BOX 2430	ABILE	NE, 1X	19004 Loopy of this f	orm is to be se	rt)	
Name of Authorized Transporter of Cas	inghead Gas	[X]	or Dry (	C415	Box 3000						
TEXACO PROD. INC.	Unit	Sec.	Twp. 22S		Is gas actually	connected?	When				
f well produces oil or liquids, ive location of tanks.	т	17	1	37E	YES			8/16/73			
this production is commingled with th	at from any oth	er lease or	pool, giv	e comming	ling order numb	er:			· · · · · · · · · · · · · · · · · · ·		
V. COMPLETION DATA		Oil Wel		as Well	New Well		Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	on - (X)	101. ***			<u>i                                     </u>		1	<u> </u>	<u></u>		
Date Spudded	Date Com	권. Réady t	o Prod.		Total Depth			P.B.T.D.			
					Top Oil/Gas I	Top Oil/Gas Pay			Tubing Depth		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
Perforations								Depth Casii	ig Shoe		
			G + CD	VC ANT	CEMENTI	VG RECOR	2D	1		<del></del>	
	TUBING, CASING AND SIZE CASING & TUBING SIZE				DEPTH SET			I	SACKS CEMENT		
HOLE SIZE	- CA	CASING & TUBING CIE									
	TOT FOR	ALLOW	ARLE		1						
V. TEST DATA AND REQU OIL WELL (Test must be aft	er recovery of i	otal volum	e of load	oil and mus	t be equal to or	exceed top all	lowable for th	is depth or be	for full 24 hou	FS.)	
OIL WELL (Test must be aft.  Date First New Oil Run To Tank	Date of T				Producing M	thod (Flow, p	nortp, gas lift,	etc.)			
					Casing Press	Casing Pressure			Choke Size		
Length of Test	Tubing P	ressure						100			
Actual Prod. During Test	Oil - Bbla				Water - Bbis			Gas- MCF			
Actual Floor During 1100											
GAS WELL					INC. Acres	ente ADACE	<u>, — — — — — — — — — — — — — — — — — — —</u>	Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF					
	Tubing P	ressure (Sh	ut-m)		Casing Press	ure (Shut-in)		Choke Size			
Festing Method (pitot, back pr.)			•								
VI. OPERATOR CERTIF	ICATE O	F COM	PLIA	NCE			NSER\	/ATION	DIVISIO	NC	
the miles and the miles and the	egulations of th	re Oil Coos	ELASTICE		1		IVEIT	,,,,,	5111.011		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Annrov	ed				
is true and complete to the best of					Dale	2 Whhina	· · · · · · · · · · · · · · · · · · ·				
Jan I Carlin					Rv		العامة المعالمة	30 m	ngangak Ka		
Signature JAMES COCEURN	ADMINIST	RATIVE	SUPE	RVISOR	11						
Printed Name	MITHIOT		Title		Title					<del></del>	
4/24/91	(505)	392-16	21 elephone l	No.							
Date			- Theres								

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.