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1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION INFORMATION		TO TRANSPORT OIL AND NATURAL GAS	
I. Operator		Well API No.	
ARCO OIL AND GAS COMPANY		30-025-24650	
Address			
BOX 1710, HOBBS, NEW MEXICO 88240			
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	EFFECTIVE: 06/11/91	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>		
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator _____			

II. DESCRIPTION OF WELL AND LEASE

II. DESCRIPTION OF WELL AND LEASE				Lease No.
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	FEE
CURRAN JONES GAS WN	10	JALMAT YATES GAS		
Location _____ Unit Letter <u>C</u> : <u>990</u> Feet From The <u>NORTH</u> Line and <u>1650</u> Feet From The <u>WEST</u> Line Section <u>34</u> Township <u>22S</u> Range <u>36E</u> , <u>NMPM</u> <u>LEA</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Oil	or Condensate	Address (City, State, and Zip)

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
WARREN PETROLEUM COMPANY		P. O. BOX 1589, TULSA, OK 74102		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When?		
YES				
If gas is not connected, give commingling order number.				

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (<i>pilot, back pr.</i>)	Tubing Pressure (Shut-in)		

VL OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature James D. Cogburn, Administrative Supervisor
 Printed Name _____ Title 392-1600
 Date June 12, 1991 Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved JUN 14 1981

By ORIGINAL SIGNED BY JOHN STEVENSON

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
 If a well is drilled or deepened well must be recon

- 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.