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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

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 Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO TRANSPORT OIL AND NATURAL GAS  Well API No.												
Operator									30-025-26545			
ARCO OIL AND GAS COMPANY									.11/3-/6545			
Address			_									
BOX 1710, HOBBS, NEW	MEXICO	8824	Ω			X Othe	z (Please explo	un)				
Reason(s) for Filing (Check proper box)		Change in	Tenn	morter (	vf:	نتي	•					
New Well			Dry	•		COL	RRECT OI	L TRANS	PORTER			
Recompletion	Oil Curinghas		-	densate	$\overline{\Box}$	00.	and of					
Change in Operator	Casinghead											
f change of operator give name and address of previous operator												
•	4 % DE # 10 A	CF										
L DESCRIPTION OF WELL AND LEASE Well No.   Pool Name, Including						e Formation	Kind o	(Lease	L	ease No.		
Lease Name LANGLEY GRIFFIN							State,	State, Federal or Fee				
III. OKITTI												
Location	1.0	00	_		_ (	יין נויינוסי	10	090 <b>E</b>	et From The	EAST	Line	
Unit Letter	.: <u>19</u>	80	Feet	From 1	he	SOUTH Line	180	<u> </u>	Ct 1 10111 1130 _			
28	225		Rang	ge.	36E_	, NN	лрм,	L.E.A			County	
Section 28 Township	223		<u>Kau</u>	<u> </u>	<u> </u>							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil										ent)		
	P. O. BOX 2436, Abilene, TX 74604											
PRIDE PIPELINE COMPANY  Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent					ent)	
Sid Richardson Carbon	Gaen1	ine Co	,	1 Wa	ruen	P. O. Bo	x 1226.	Jal. N	88252			
Sid Kichardson Carboti S  If well produces oil or liquids,	Unit	Sec.	Twp		Rge.	ls gas actually	connected?	When	? Warrer	1/29/8	4	
give location of tanks.	J	28	-	22	36	YES	5	1	Philli	ps 3/27	/85	
State and person is commingled with that f	rom any othe		pool,	give co	mningli	ng order numb	er					
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA												
		Oil Well		Gas V	Vell	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	i	i					<u> </u>				
Date Spudded	Date Comp	i. Ready to	Prod	i.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas I	ъ		Tubing Dept	Tubing Depth			
						Depth Cas				a Choa		
Perforations				Depui Casin	g snoe							
	TUBING, CASING AND									SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
									ļ			
									<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	e.		h	exceed top all	mable for this	depth or be t	or full 24 hou	P3.)	
OIL WELL (Test must be after re	Date of Tes		of loc	ad ou an	id must	Description Me	thad (Flow, pu	ono, eas lift, e	<i>sc.</i> )			
Date First New Oil Run To Tank		Producing Method (Flow, pump, gas lift, etc.)										
	Tubing Pressure				Casing Pressure			Choke Size				
Length of Test												
	Oil - Bbls.					Water - Bbis.			Gas- MCF			
Actual Prod. During Test												
	L								. <del></del>	<del> </del>		
GAS WELL						Dit. Conde	ANCE		Gravity of C	ondensate		
Actual Prod. Test - MCF/D	Length of	Test				Bbls. Condensate/MMCF			City of Care			
					Casing Pressure (Shut-in)			Choke Size				
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Sina-in)							
									<u> </u>			
VL OPERATOR CERTIFIC	ATE OF	COME	PLI/	ANCE	3	م اا	OIL CON	ISERV	ATION I	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation							JIL CON	IOLI IV	A HOIV		>	
Division have been complied with and that the information given above						]				18 (6)	¥	
is true and complete to the best of my h	nowledge an	od belief.				Date	Approve	d			<del></del>	
										1777 CA A 3		
John Joylu						Bv_	Drigihal S Met	age (E	1,5387 50	MODE		
Signature D. Crahurn Operations Coordinator						<b>!</b>						
James D. Cogburn, Operations Coordinator Printed Name Title							<u> </u>					
11/14/91			2-10	600_								
Lute		Tele	epboo	e No.		][						

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.