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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 Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

1.		UINA	1125	UNI UIL	- אויט ואא	I OI IAL U		A BY NY			
Operator								API No.	, =		
ARCO OIL AND GAS COMPANY							30-025-26545				
Address BOX 1710, HOBBS, NEW M	(EXICO	88240									
Reason(s) for Filing (Check proper box)	EXICO	00240			Oth	et (Please exp	lain)				
New Well		Change in	Тпалькро	orter of:							
Recompletion	Oil		Dry Ga	ıs KX							
Change in Operator	Casinghead	l Gas	Conden	mie							
If change of operator give name and address of previous operator				_							
•	ANDIFA	SE				<u></u>					
I. DESCRIPTION OF WELL AND LEASE Lease Name LANGLEY GRIFFIN  Well No. 1			Pool Name, Including Formation LANGLEY DEVONIAN GAS				1	of Lease No. , Federal or Fee FEE		ease No.	
Location					2701.222.						
Unit LetterJ	:198	30	Feet Fr	om The S	OUTH Lin	e and198	80 F	et From The	EAST	Line	
Section 28 Township	p 22S	S	Range	36E	, N	мрм,	I.I	EA		County	
III. DESIGNATION OF TRAN				D NATU	RAL GAS				· .		
Name of Authorized Transporter of Oil		or Condens	ate	XX	1	e address to w			orm is to be se	int)	
PRIDE PIPELINE COMPANY					BOX 2436, ABILENE, TX 79604  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing			or Dry Gas XX		P. O. BOX 1589. TU		• • •				
WARREN PETROLEUM COMPA	PANY   Sec.		Twp. Rge		T			When?			
If well produces oil or liquids, give location of tanks.	J	28	22	36	YES			6/91			
if this production is commingled with that i	from any othe	r lease or p	ool, giv	e comming!	ing order num	ber:					
IV. COMPLETION DATA	•	•									
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		Ready to	Prod.		Total Depth	L	.1	P.B.T.D.	<u> </u>	1	
Date Spunder	Dat Comp	Date Compl. Ready to Prod.									
Elevations (DF, RKB, RT, GR, etc.)	GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	1							Depth Casin	g Shoe		
		UDING (	CASIN	NG AND	CEMENTI	NG RECOR	חי	1			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			5	SACKS CEM	ENT	
HOLE SIZE	Ozonto u room o ozo										
								-			
			D. D.			<u> </u>	-		· · · · · · ·		
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOWA	BLE	فمنتسد استند الله	he saved to ou	exceed top all	owable for thi	e denth ar he t	for full 24 hour	ee )	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		j ioda o	ou ana musi	Producing M	ethod (Flow, pi	ump, gas lift, e	uc.)	<u> </u>		
Date First New Oil Run 10 Tank	Date of Tea										
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	<u></u>	· · · · · · · · · · · · · · · · · · ·			<u> </u>			<b></b>			
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	sate/MMCF		Gravity of C	condensate		
								A-6.6			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPI	JAN	ICE			1055:		D.0.4646		
I hereby certify that the rules and regula					(	DIL CON	<b>ISERV</b>			N	
Division have been complied with and t	that the inform	nation gives	above				•				
is true and complete to the best of my k	nowledge and	d belief.			Date	Approve	d				
Janflyhn					Bv_				· ;•		
Signature James D. Gogburn, Admi	nistrat	ive Su	ıperv	visor	-,_						
Printed Name	<del> </del>	•	Title		Title						
5/14/91		392-1									
Date		Telep	hone N	<b>o</b> .	H						

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.