Submit 5 Copies
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., Azzec, NM 87410	REQU	EST F	OR.	ALLOWAE	BLE AN	D AUTHORI	ZATION				
TO TRANSPORT OIL AND NATURAL GAS								Well API No.			
Operator ARCO OIL AND GAS COMPANY							ļ	30-025-09466			
Address	ANI						1 30				
BOX 1710, HOBBS, NEW	MEXICO	8824	40								
Reason(s) for Filing (Check proper box)						Other (Please expla	zin)				
New Well		Change is	1	sporter of:		EFFECTIVE:	9/30/	191			
Recompletion \bigsqcup	Oil	L 1 Gas ☐	Dry	densate			·	•			
Change in Operator	Casinghead	1 025	Con	Densate							
f change of operator give name and address of previous operator											
I. DESCRIPTION OF WELL AND LEASE							1 27-1	-61	1.0	ase No.	
Lease Name	me Well No. Pool Name, Inch							Kind of Lease State, Federal or Fee		FEE	
JOHN P. COMBEST WN	1	3	J	ALMAT YA	ILES GA	45					
Location	760		_	From The N	ORTH	Line and600) Fe	et From The	EAST	Line	
Unit LetterA	_ : <u></u>		_ Feel	Prom Ine	-	Like and					
Section 35 Township	23S		Ran	ge 3	6E	, NMPM,	LEA	·		County	
		- -		200 214 00 F	D.1. C	4.0					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conde	IL A	IND NATU	Address	9.5 (Give address to wi	nich approved	copy of this for	m is to be ser	ਧ)	
Name of Authorized Transporter of Oil		0. 002									
Name of Authorized Transporter of Casing	chead Gas		or D	ry Gas X		(Give address to w				d)	
TEXACO PRODUCTION INC	<u>. </u>				P. O. BOX 3000, TU		TULSA,				
If well produces oil or liquids,	Unit	Sec.	Twp	. Rge	1	mally connected? ES	l when	<i>;</i>			
give location of tanks.				give comming							
If this production is commingled with that IV. COMPLETION DATA	rom any our	er lease of	μου,	give continue							
TV. COM ELITON DATA		Oil Wel	1	Gas Well	New V	Vell Workover	Deepen	Plug Back S	iame Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>			Total Da		1	P.B.T.D.	.	1	
ate Spudded Date Compil Ready to Prod.					Total Depth			1.5.1.5.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
LICTALUM (DF, IND, INT, ON, MC)											
Perforations	<u> </u>							Depth Casing	Shoe		
				CDIC AND	CENTER	TTNC PECOR	D	!			
	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE										
											
			A 20 T	<u> </u>				1			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR A	LLUW	ABL.	iE. Id oil and muss	be eaual	to or exceed top all	owable for thi	s depth or be fo	r full 24 hour	3.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te		0) 100	12 04 6/2 mas	Producin	g Method (Flow, pr	ump, gas lift, e	uc.)			
Date First New Oil Rull 10 1411	Date of Year							Choke Size			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
					Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Marci - Dark						
	L										
GAS WELL	I and of	Test			Bbis. Co	nden rate/MMCF		Gravity of Co	ndensate		
Actual Prod. Test - MCF/D	Length of Test										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
о : м ·											
VL OPERATOR CERTIFIC	ATE OF	COM	PLL	ANCE		OIL CON	JSERV	ΔΤΙΟΝ Γ	NVISIO	N	
I hereby certify that the rules and regul	ations of the	Oil Conse	evalio	1		OIL OOI	TOLITY.	, , , , , , , , ,	,, , , , , , ,	. •	
Division have been complied with and is true and complete to the best of my	that the infor	mation gr	ven ab	ove	(nto Annio	d				
	man a mage a				ں ا	ate Approve	.u				
Jan Cylin						.,			7		
Citraeture					11	у					
James De Cogburn, Ac	dminist	rative	e _Su	<u>ipervis</u> oi	r I I						

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.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

392-1600 Telephone No.

- 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.

Printed Name