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

Well API No.

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CONSERVATION DIVISION

Operator							Men 1	API No.			
ARCO OIL AND GAS COME	PANY						30-	025-10801			
Address											
BOX 1710, HOBBS, NEW	MEXICO	8824	0			/Di	-i=)				
Reason(s) for Filing (Check proper box) New Well Change in Transporter of:						Other (Please explain)					
New Well		Change in	Transpo Dry Ga		EF	FECTIVE:	9/301	191			
Recompletion	Oil Casinghead	Gas 🗀	Condet	• =			, , ,	'/			
Change in Operator	Canaghero.					···					
and address of previous operator							 -				
II. DESCRIPTION OF WELL	AND LEA	SE						,			
Lease Name Well No. Pool Name, Including					ling Formation	ing i olumnoon			(Lease No. FEE		
E. L. STEELER (CAS) V	VN	3	JA	LMAT YA	ATES GAS		State,	reactal of rec	1 1 1 1 1		
Location											
Unit Letter L	:_ 1980)	Feet Fr	rom The 🚅	SOUTH Lie	e and660) Fe	et From The	WEST	Line	
			_		077	1 CTR (LEA			County	
Section 19 Townshi	<u>23S</u>		Range		37E , N	мрм,	LEA			<u> </u>	
III. DESIGNATION OF TRAN	CDADTE	OFO	T. AN	D NATI	IRAL GAS						
Name of Authorized Transporter of Oil	OK I EI	or Conden	ente Trans		Address (Gi	ne address to wi	hich approved	copy of this form	is to be se	nt)	
4.0											
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX						Address (Give address to which approved copy of this form is to be sent)					
TEXACO, PRODUCTION INC.						P. O. BOX 3000, TULSA, OK 74102					
ACT Directors on or indused.					_	Is gas actually connected? When ?					
give location of tanks.	1		L	<u> </u>	YE				· · · · · · · · · · · · · · · · · · ·		
If this production is commingled with that	from any other	r lease or p	pool, giv	ve committy	ing order min						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion	- (X)	I Oil wen	i `	Jan 111011			i '	ii_		İ	
Date Spudded	Date Comp	. Ready to	Prod.		Total Depth	<u> </u>		P.B.T.D.			
		•									
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
									Depth Casing Shoe		
Perforations								behat casing s	~~~		
		(IDD:0	CACE	NIC AND	CEMENIT	NC PECCO	מי	<u> </u>			
	TUBING, CASING AND				CEMENT	DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE					<u> </u>					
	 										
								<u> </u>			
								1			
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE						6.11.34 Laur	1	
OIL WELL (Test must be after r	ecovery of tol	al volume	of load	oil and mu	to be equal to o	r exceed top all lethod (Flow, p	owable for thi	s aepiñ or be jor eic.)	jan 24 ROW	.,	
Date First New Oil Run To Tank	Date of Tes	t			Producing M	ieznou (<i>Fio</i> w, pi	auh' 2m shi' (·····/			
					Casino Presi	Casing Pressure			Choke Size		
Length of Test	Tubing Pressure				Canal Line	1					
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	Water - Bbis.			Gas- MCF		
Actual Floor Pulling Test	OII - B015.										
GAO TIMI I	1				<u> </u>						
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	neate/MMCF		Gravity of Condensate			
ACULE PROC. 1681 - MICPID	Lengur or rea										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
· · · · · · · · · · · · · · · · · · ·								<u> </u>			
VL OPERATOR CERTIFIC	ATE OF	COMP	LIAN	NCE			ICEDY	ATIONED	1///01/	NI.	
I hereby certify that the rules and regul						OIL COI	NOEKV.	ATION D	141216	ΝY	
Division have been complied with and that the information given above								ist is 9	1001		
is true and complete to the best of my	knowledge an	d belief.			Date	Approve	d	(Va	177		
					H						
Jan Cyhn					By_		<u> </u>	ERROREN S	EXTON		
James D. Cogburn, A	dminist	rative	Sup	erviso	rll			COMPANIES CON			
Printed Name			Title)					
18/2/9/			2-16								
Date		Tele	phone l	NO.	11						

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.