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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ARCO OIL AND GAS COMPANY							30-025-10802					
Address BOX 1710, HOBBS, NEW	MEXICO	8824	40									
Reason(s) for Filing (Check proper box)	MEXICO	002	+0			Oth	et (Please expl	lain)				
New Well	EFFECTIVE: 9/30/9/											
Recompletion	Oil	Change in	٠	Gas		EF.	FECTIVE:	7/30	0/9/			
Change in Operator	Casinghe	ad Gas 🛚	Con	densate								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE		-							<del></del>		
Lease Name		Well No.				ng Formation		Kind of Lease State, Federal or Fee		FEE No.		
E. L. STEELER (OIL) WN		1 4 LAN			LANGLIE MATTIX 7R QV-68			1				
Location Unit LetterM	: 660		_ Fect	From '	The S	منا <u>DUTH</u>	e and <u>660</u>	)F	eet From The	WESI	Line	
Section 19 Township 23S		Range 37				мрм,	LEA	LEA		County		
		'D OF O								-		
III. DESIGNATION OF TRAN	NSPORTE	or Conde		י עמי	NA I U	Address (Giv	e address to w	hich approved	copy of this f	orm is 10 be s	eni)	
TEXAS NEW MEXICO PIP					P. O. BOX 2528, HOBBS							
Name of Authorized Transporter of Casin		or D	ry Gas		·				copy of this form is to be sent)			
TEXACO PRODUCTION IN						P. O. BOX 3000, TU		, TULSA	JLSA, OK 7410			
If well produces oil or liquids,	Unit	<del></del>			Twp. Rge.		Is gas actually connected?		When?			
give location of tanks.	М	19	1 2	3S	37E	YES		1				
If this production is commingled with that	from any oth	er lease or	pool,	give co	umingl	ing order num	ber:			· · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DATA							, <u> </u>					
Designate Time of Completion	<b>~</b>	Oil Well		Gas 1	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1				Total Domb	<u> </u>	l	1	l		
Date Spudded	Date Com	Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	ormati	OB.		Top Oil/Gas	Pay		Tubing Depth				
									Depth Casing Shoe			
Perforations									Depth Casin	g Shoe		
				20.00		CE) CE) ETT	IC DECOD	<u> </u>	1	<del></del>		
		TUBING, CASING AND				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE					DEFINSE			GAORS CEMENT			
	-											
	<del> </del>									<del></del>		
	+	<del></del>		-					<del>                                     </del>			
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	Ē					1			
OIL WELL (Test must be after t	recovery of u	stal volume	of loa	d oil ar	nd must	be equal to or	exceed top allo	owable for thi	s depth or be j	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te						thod (Flow, pu					
Length of Test	Tubing Pressure					Casing Pressure			Choke Size			
								Gas- MCF				
Actual Prod. During Test	Oil - Bbis.	Oil - Bbls.				Water - Bbis.						
	<u> </u>								<u> </u>			
GAS WELL									TA			
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF			Gravity of C	Gravity of Condensate		
	T. L. D. Chief in				Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	Tuoing Fie	Tubing Pressure (Shut-in)				Casing Fleathe (Silat-in)						
	1 ====						······································	<del></del>			<del></del>	
<b>VI. OPERATOR CERTIFIC</b>					٤	(	DIL CON	ISERV	ATION I	DIVISIO	N	
I hereby certify that the rules and regul Division have been complied with and	ations of the	Oil Conser	vation	-		_						
is true and complete to the best of my			CD AUC	,,,,		Data	Approve	. [][	TUS	1991		
						Date	Approve	o <u> </u>		, <del>, , , ,</del>		
Jan Cyhn						_	45/5 J. (1. )			/ STRTON		
Signature						By_						
James D4 Cogburn, Ac	<u>lminist</u>	rative			<u>is</u> or	_		•				
Printed Name		20	Title 2-1			Title.						
10/5/9/	<del></del>	39	<u> </u>	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.