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State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT # P.O. Drawer DD, Artesia, NM \$4210

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

_	HECO	ro TRA	NSF	PORT	IL AND NA	TURAL G	AS				
Operator	10 110 1101 0111 0111					Well A			MNa 30-025-/24/9		
ARCO 011 and Gas	Company	7						30.	-025 - /2	4/90	
Address										ĺ	
P.O. Box 1710 - H	obbs, 1	New Mex	cico	882	41-1710	ber (Please exp	lais) Chan	ge Well	Name Fr	Om	
Resson(s) for Filing (Check proper box)					y o	ner (1 neme colo	C.E. RI	ENNY	FED (NXT	-4) #7	
New Well		Change in	Dry (-	1		C/P. /- A	,,,,,,		,, ,	
Recompletion	Oil Casinghead				7		Effe	ctive:	1/1/93		
Change in Operator	Cangies										
If change of operator give name and address of previous operator	XACC) ''	<u> </u>	. 1 1		<u> </u>					
II. DESCRIPTION OF WELL	AND LEA	LSE									
Laces Marme	Well No. Pool Parme, medicality				uding Formation	is tormanon			Lease No. Rederal or Fee Range 34 96 57		
South Justis Unit "I	. 11	19	Jus	stis B	linebry T	ubb Drin	kard		1////	14 1-17 CA	
Location		_				2 7) _) _		1.1F 57	,, <u> </u>	
Unit Letter	.: <u>8</u> .	<u> 25</u>	Feet !	From The	NORTH L	oc and2_2	, <u>, , , , , , , , , , , , , , , , , , </u>	bet From the	101-01		
County											
Section /9 Township	25	\$	Rang	E	<u> </u>						
TO PROJUNITION OF TRANS	CPORTE	R OF O	IL A	ND NAT	URAL GAS						
Manuse of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)											
Texas New Mexico Pipeline Company						P.O. Box 2528 - Hobbs. NM 88241-2528					
Name of Authorized Transporter of Casing	of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
Texaco Exploration and	Production, Inc.				P.O. B	P.O. Box 3000 - Tulsa, OK 74102 Is gas actually connected? When ?					
Y well produces oil or liquids,	or liquids, Use 1360 1174			R		YES VNKNOWN					
give location of tenks.											
If this production is commingled with that f	from any our	et serie or	poor, į	give contin	ingining or our arm						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'V	Diff Res'v	
Designate Type of Completion	- (X)	i	i		1	<u> </u>		ļ	<u> </u>		
Date Spudded	Date Compl. Ready to Prod.				Total Depth	Total Depth			P.B.T.D.		
					Ton Oil Cal	Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					1 of one	10,000000			Tuoning Depair		
									Depth Casing Shoe		
Ferforations											
	TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
HOLE SIZE											
	7 707	TIOW	A DT 1	F				<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after to	T FOR	LLUW!	al las	E: A oil and n	ust be equal to a	exceed top al	Iowable for the	is depth or be	for full 24 hou	l'er	
OIL WELL (Test must be after n Date First New Oil Run To Tank	Date of Te	d volume	<i>y</i>		Producing N	Method (Flow, p	oump, gas lift,	etc.)			
Date First New Oil Kills 10 1am.	te First New Oil Run 10 Iank Date of Iea					Choke Size					
Length of Test	Tubing Pressure				Casing Pres	ente.		Choke Size			
				Dhi Dhi			Gas- MCF				
Actual Prod. During Test	Oil - Bbis.				WHET - BOI	Water - Bbls.					
	<u></u>										
GAS WELL					IDGG Ford	nate MMCF		Gravity of	Condensate		
Actual Frod. Test - MCF/D	Length of Test				Both Coass	Bbls. Condensate/MMCF					
	back pr.) Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-in)			Choke Size		
Testing Method (pilot, back pr.)								<u> </u>			
L	A TITE OF	COM	A I TK	NCE			· · · · · · · · · · · · · · · · · · ·	ATION	D1/4010	NA I	
VL OPERATOR CERTIFIC	ATEU	Of Const	TLL!	MICE		OIL CO	NSERV	AHON	DIAIDIC)N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.						e Approvi	ed				
famil Cylin						By <u>0.0000 0.0000</u>					
James D. Cogburn Operations Coordinator						►★ 年刊 ESPWYSOK					
Printed Name Title						9					
1/1/93		(505)	39	1-1621							
Date		Tele	phone	No.	EI .						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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 Puls 111 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.