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Appropriate Dustrict 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

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

## 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
TO TRANSPORT OIL AND NATURAL GAS

<u>I.</u>	TOTR	ANSPORT O	L AND NATURAL G	AS
Operator	-			Well API No.
ARCO Oil & Gas Co.	- A Division	of Atlanti	<u>c Richfield Comp</u>	pany 30 025 12445
P. O. Box 1610, Mi	dland TV 70	702-1610		
Reason(s) for Filing (Check proper bo		702 1010	Other (Please exp	lavi)
New Well	_	Transporter of:		
Recompletion	Oil Casinghead Gas [	Dry Gas —	Effective 05-01	. <b>-</b> 91
if change of operator give name			Y, Box 2990, Mid	
			11, 50% 2570, 1120	73702 2330
II. DESCRIPTION OF WEI	<del></del>	Pool Name, Inciu	ding Formation	Kind of Lease Lease No.
		ob Drinkard	Federal or Frex NMNM0569	
Location	1011			
Unit Letter	::	Feet From The	Corth Line and 330	Feet From The West Line
Section 31 Tow	nship 25S	Range 38E	, NMPM,	.ea County
III. DESIGNATION OF TR	ANCDODTED OF	NI AND MATE	IDAL CAS	
Name of Authorized Transporter of O	or Conde			viuch approved copy of this form is to be sent)
	as-New Mexico Pipeline Company		Box 2528, Hobbs	
Name of Authorized Transporter of C El Paso Natl Gas Co.		or Dry Gas	Box 1384, Jal,	thich approved copy of this form is to be sent)  NM 88252
If well produces oil or liquids,	Unit Sec.	Twp. Rge	is gas actually connected?	When?
give location of tanks.  If this production is commingled with i	<u> </u>	125   138	Yes	Duc 225
IV. COMPLETION DATA	hat from any other lease of	r poor, give commun	gring order number:	DHC-325
Designate Type of Complete	on - (X)	ll Gas Well	New Well   Workover	Deepen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	ormation	Top Oil/Gas Pay	Tubing Depth
Perforations	<del></del>			Depth Casing Shoe
HOLE SIZE		I. CASING AND UBING SIZE	CEMENTING RECOFT DEPTH SET	
TIOCE OILE	OASING & 1	OBING SIZE	DEF IN SE	SACKS CEMENT
			-	
<del></del>				
V. TEST DATA AND REQU				
OIL WELL (Test must be aft Date First New Oil Run To Tank	ter recovery of total volume  Date of Test	e of load oil and mus	it be equal to or exceed top all Producing Method (Fiow, p	owable for this depth or be for full 24 hours.) ump, gas lift, etc.)
			Casing Pressure	
Length of Test	Tubing Pressure	Tubing Pressure		Choke Size
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.	Gas- MCF
GAS WELL		· · · · · ·		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate
Tesung Method (puot, back pr.)	Tubing Pressure (Shi	Tubing Pressure (Shut-in)		Choke Size
VI. OPERATOR CERTIF	TCATE OF COM	DI IANCE		
I hereby certify that the rules and rules and rules on Division have been complied with	egulations of the Oil Conse and that the information gi	ervation	OIL COM	NSERVATION DIVISION
is true and complete to the best of	my knowledge and belief.		Date Approve	ed
Endline				r.
Signature			Ву	
Eric D. Siegmund Printed Name	Business Dir	Cector A&D Title	Title	-
April 24, 1991 Date		R8=5402 lephone No.		
	16	-proces s to.	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