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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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRIC					
1000 Rio	Brazos	Rd.,	Aztec,	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TRA	<u>NSPC</u>	<u>DRT OI</u>	<u>L AND NA</u>	TURAL C					
Operator ARCO OTI AND			İ	ell API No.							
ARCO OIL AND GAS COMPANY Address							30	<u>- 052 -</u>	2648	1	
Box 1610, Mid	-	xas 7	9702								
Reason(s) for Filing (Check proper box) New Well		_		_	Oth	ner (Please exp	olain)			****	
Recompletion X	0.1	Change in	•								
Change in Operator	Oil Casinghead	_	Dry Gas		-	-					
If change of operator give name	Canignesi	I Cas	Condens								
and address of previous operator					· · · · · · · · · · · · · · · · · · ·					 -	
II. DESCRIPTION OF WELL	AND LEA										
Lease Name Well No. Pool Name, Includ							1	id of Lease No. Lease No.			
Fredrick H.Curry	MIN	2	Ja	ımat	Tan-Ya	tes SR	Gas	Tederal or fee	<u>り</u>	**	
Unit Letter N	_ :19	80	F F		Vest Lin	66	50 F		Court	h	
Omi Death			rea m	m the	icse un	e andO	<u>, , , , , , , , , , , , , , , , , , , </u>	et From The	Sout.	<u> Line</u>	
Section 1 Towns	ip 24S	<u> </u>	Range	36E	<u> </u>	MPM, I	_ea			County	
III. DESIGNATION OF TRAI	VSPADTEI	OF OU	I A BJID	NIATT!	DAI CAC						
Name of Authorized Transporter of Oil NA		or Condens				e address to w	hich approved	copy of this fo	orm is to be se	ens)	
Name of Authorized Transporter of Casi	or Dry G	Address (Give address to which approved copy of this form is to be sent)									
El Paso Natural (<u> </u>	JI DIY C	** (<u>A</u>	Box	1384,	Jal, NM	1 88252	rm is to be se	int)	
If well produces oil or liquids,	Unit	Sec.	Гwp.	Rge.	is gas actuali		When	·			
give location of tanks.	1			<u> </u>	ye		L	12-4-8	9		
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or po	ool, give	commingi	ing order numi	ber:		- · · · -			
		Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Rec'y	Diff Res'v	
Designate Type of Completion		<u> </u>	_i	x	İ			X	Deline Res	X	
Date Spudded	Date Compl	•			Total Depth		-	P.B.T.D.			
11-29-89 Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	2-4-89			Top Oil/Gas I	3750		+	3390		
3345 GR	1	xuudug ron Yates		W.C.		915		Tubing Depth			
Perforations	<u> </u>	races	/ K	v S		915		3139 Depth Casing Shoe			
2915-3368	OKKZ	<u></u>							•	:	
	,				CEMENTI		D				
HOLE SIZE		NG & TUB	ING SIZ	ZE		DEPTH SET		SACKS CEMENT			
	9 5	/8		· · · -	1200 3750			800 543			
	2 7	/8			3139			343			
					3233						
V. TEST DATA AND REQUE											
OIL WELL (Test must be after to Date First New Oil Run To Tank		d volume of	load oil	and must					r full 24 hour	3.)	
Sate First New Oil Rull 10 14th	Date of Test				Producing Me	inoi (r <i>iow, pu</i>	mp, gas tyt, e	(c.)			
ength of Test	Tubing Press	ure			Casing Pressur	ге		Choke Size			
ctual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
CARTITOLI								<u> </u>	 		
GAS WELL Actual Prod. Test - MCF/D	Length of Te	et			Bbls. Condens	nta AAAA		C	=4.22.2		
443	24 hrs				Dois. Coductie	O		Gravity of Condensate NA			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressur	_		Choke Size			
								Full	Open		
L OPERATOR CERTIFIC	ATE OF (COMPL	IANC	E		W 00M		T 1011 F			
I hereby certify that the rules and regula				1		IL CON	SEHVA	TION D	IVISIO	N	
Division have been complied with and it is true and complete to the best of my h			BOVE	İ		•	مأ نا∧ر،	i in a seco	20		
					Date	Approved	ABU t	3 14	90		
Ken av Sosnell				ORIGINAL SIGNED BY JERRY SEXTON							
Signature Ken W. Gosnell Engr. Tech.				ByDISTRICT I SUPERVISOR							
Printed Name		igr. le Ti				DIST	RICT 1	SUPERV	ISUR -		
12-20-89	91	5/688-			Title_						
Date		Telepho	ne 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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

CC Sarah architeta Favor 1-31-90

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DEC 26 1989

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