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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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TOU AND NATURAL GAS

[.	<u> </u>	O THAI	NOP	ON I OIL	AND IA	I OI IAL OF	Well A	IPI No.			
ARCO OIL AND GAS COMPANY						30-025-26881					
Address	VENT 00	00240									
BOX 1710, HOBBS, NEW Reason(s) for Filing (Check proper box)	MEXICO	88240			Oth	es (Please explo	zin)				
New Well Change in Transporter of:											
Recompletion	Oil		Dry Ga		DI I	LOIIVE.	1011	/ //			
Change in Operator	Casinghead	Gas X	Condet	nsate							
f change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	AND LEAS	SE							•	N-	
Lease Name FREDERICK H. CURRY WN	1	Well No.	Pool N LA	lame, Includia NGLIE M	ag Formation ATTIX 7F	Q GB	1	Kind of Lease State, Federal or Fee		FEE No.	
Location Unit Letter0	: 660		Feet Fi	rom The _S	OUTH_ Lin	e and198	30F	et From The _	EAST	Line	
	0/0			2		MPM,	LEA	A		County	
Section 1 Township			Range		RAL GAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condens	ale		Address (Gi	e address to wi	hich approved	copy of this fo	orm is to be se	nt)	
KOCH OIL COMPANY					P. O. BOX 1558, BRECKENRIDGE, TX 76024  Address (Give address to which approved copy of this form is to be sens)						
Name of Authorized Transporter of Casing	head Gas or Dry Gas			Gas							
TEXACO PRODUCTION INC	·				P. O. BOX 3000, T		, TULSA When		102		
If well produces oil or liquids, give location of tanks.	!		<b>Twp.</b> 245	Kge.	YE		"	·			
If this production is commingled with that i	from any othe										
IV. COMPLETION DATA		_					· <del>·····</del>			him north	
	<b>~</b>	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded	Date Compl	l. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations					1		<del></del>	Depth Casin	Depth Casing Shoe		
Pentranous				_							
	T	UBING,	CASI	ING AND	CEMENT	NG RECOR	<u>w</u>		SACKS CEM	CAIT	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			<del> </del>	SACKS CEMENT		
	ļ							<b> </b>			
	<del>                                     </del>										
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	<u> </u>		المسمولين	laumble for th	io denth as he	for full 24 hou	zr.)	
OIL WELL (Test must be after t	ecovery of lo	ial volume	of load	oil and must	Producing N	ethod (Flow, p	ump, gas lift,	esc.)	,u. , <u></u>		
Date First New Oil Run To Tank	Date of Tes	<b>t</b>									
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL						-mis A D / CE		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF						
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COME	ZLIA	NCE		OIL COI	NSERV	/ATION	DIVISIO	ON	
I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	lations of the that the infor	Oil Conser	vation			e Approve					
James Cyhn						•					
Signature  James D Cogburn, A	dminist	rative	Su1	pervison	ru	Vide (22) 4 f c					
Printed Name		39	711le 2-1	600	Title	)	<del></del>			, <u> </u>	
Dete		Tek	ephone	No.	11						

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

Date

- 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.