Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.			
ARCO OIL AND GAS COM	PANY						30	-025-27102			
Address BOX 1710, HOBBS, NEW	MEXICO	88240	0								
Reason(s) for Filing (Check proper box)		<u>-</u>			Oth	es (Please expl	ain)				
New Well		Change in	Transporter o	f:	CCI	FECTIVE:	9/2	- 101			
Recompletion	Oil		Dry Gas		Lri	ECTIVE:	1/50	791			
Change in Operator	Casinghea	d Gas 🔯	Condensate								
If change of operator give name											
and address of previous operator	ANDIE	CE						···			
II. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, Includi			ing Formation			Kind of Lease		ease No.		
	5 LANGLIE M			i			e, Federal or Fee FEE				
JOHN P. COMBEST WN		1	DANGE	111	<u> </u>						
Unit LetterI	: 1980)	Feet From TI	he <u>S</u>	OUTH Lin	e and660	<u> </u>	eet From The	EAST	Line	
Section 35 Townshi	p 23S		Range	3	6E , N	мрм,	LE	<u>A</u>		County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	I. AND N.	ATUI	RAL GAS						
Name of Authorized Transporter of Oil	OI OKIE	or Condens			Address (Giv	e address 10 wi	hich approve	d copy of this form	is to be se	ਅ)	
GETTY TRADING AND TRANSPORTATION COMPANY					P. O. BOX 1142, MIDLAND, TX 79702						
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					nt)	
TEXACO PRODUCTION IN	C.				P. O. BOX 3000, TULSA						
If well produces oil or liquids,	l Unit	Sec.	Twp. Rge.		Is gas actually connected?			When ?			
give location of tanks.	T	35		36E	YES						
If this production is commingled with that	from any oth	 			ing order numl	жг					
IV. COMPLETION DATA							-: 			<u></u>	
Designate Type of Completion	- (X)	Oil Well	Gas W	'ell	New Well	Workover	Deepea	Plug Back Sai	me Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth	<u> </u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					!. <u></u>			Depth Casing S	hoe		
	т	UBING.	CASING A	AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SAC	SACKS CEMENT		
11000 0100											
	1										
	i										
	1										
V. TEST DATA AND REQUES	ST FOR A	LLOWA	BLE								
OIL WELL (Test must be after t	ecovery of 10	ial volume o	fload oil and	i musi	be equal to or	exceed sop allo	wable for th	is depth or be for j	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	1			Producing Me	shod (Flow, pu	omp, gas lýt,	elc.)			
								Choke Size	Choke Size		
Length of Test	Tubing Pressure				Casing Pressu	ire		Calour Size			
				Dil.			Gas- MCF				
Actual Prod. During Test				Water - Bbis.							
	<u> </u>										
GAS WELL								10	(
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate				
				(Shut a)			Choka Siza	Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choice Size	Close Stat		
VL OPERATOR CERTIFIC	ATE OF	COMPI	JANCE				.0==:	.A.T.O.L. D.		 .	
I hereby certify that the rules and regul						DIL COM	ISERV	'ATION DI	VISIC	N	
Division have been complied with and	that the infor	mation gives	a above								
is true and complete to the best of my knowledge and belief.					Date	Approve	d				
						·					
Jam Cyhn					D			<u></u>			
Signature		_			^{□y}			<u> </u>			
James De Cogburn, Ac	<u>lministı</u>			<u>s</u> or	ll						
Printed Name			Title 2-1600		Title.						
Dete /2/9/			hone No.								
₽		7			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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.