Submit 5 Copies
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

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator							l l	API NO.			
ARCO OIL AND GAS COM	PANY						30-0)25-27146			
Address											
BOX 1710, HOBBS, NEW	MEXICO	88240)								
Reason(s) for Filing (Check proper box)					Oth	es (Please expla	in)				
New Well		Change in	Transpor		EFF	ECTIVE:	9/20	101			
Recompletion	Oil	\sqsubseteq	Dry Gas	[X]		2011.	11301	91			
Change in Operator	Casinghe	ad Gas	Condens	ate _							
If change of operator give name											
and address of previous operator						nm T 17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	OT1				
II. DESCRIPTION OF WELL	AND LE	ASE			NGLIE MA	TTIX /K		-f1	T T	ease No.	
Lease Name		Well No.	Pool Na	me, Includi	ng Formation	rec 7p C	1	of Lease Federal or Fee	FEE	ELSE NO.	
E. L. STEELER WN		5	JAL	AAT TAI	NSILL YA'	IES /K G	AS C.		1 1 1 1 1		
Location									TE A COT		
Unit LetterJ	. 198	0	Feet Fro	m The $\frac{S0}{2}$	OUTH Line	and198	<u> </u>	et From The	EAST	Line	
Section 19 Townsh	p 23S		Range	3	7E , N	ирм,	LEA			County	
III. DESIGNATION OF TRAN	SPORTI			NATU	KAL GAS		ich con-	copy of this form	ie In he a	est)	
Name of Authorized Transporter of Oil	X	or Condens	ate [240	
TEXAS NEW MEXICO PIPI	ELINE C	0			P. O. B	UX 2528,	HORRS.	NEW MEXI			
Name of Authorized Transporter of Casin	ghead Gas		or Dry C	Ges 🖂				copy of this form		<i>34)</i>	
TEXACO PRODUCTION IN	<u> </u>						, TULSA,	OK 74102			
If well produces oil or liquids,	Unit	Sec.	Twp.	:	is get contain, containing			:			
give location of tanks.	10	19	23S		YES_						
If this production is commingled with that	from any or	her lease or p	ool, give	comming	ing order numi	oer:					
IV. COMPLETION DATA					1	The decision	Dame	Plug Back Sa	me Per'v	Diff Res'v	
D	~	Oil Well	į G	as Well	New Well	Workover	Deepen	i Ling Dack 124	ille Kes v	i kes	
Designate Type of Completion		<u> </u>			Total Depth	L	<u> </u>	P.B.T.D.			
Date Spudded	Date Com	pl. Ready to	PTOG.		Total Depai			F.B. 1.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Elevations (DF, RKB, RT, GR, etc.)				Top one care	,		Tubing Depar			
***	<u> </u>							Depth Casing S	hoe		
Perforations								'			
			CACD	IC AND	CEMENTI	NC RECOR	D	1			
					CEMIENTE	DEPTH SET	<u> </u>	SA	CKS CEM	ENT	
HOLE SIZE	CA	ISING & TU	BING 5	IZE		DEF ITT SET		 			
					 						
	 										
I MOOT DATE AND DEOLIE	CT FOR	ALLOWA	RIF		<u></u>						
V. TEST DATA AND REQUE OIL WELL (Test must be after	SIFUK		etteed e	il and must	he equal to or	exceed top alle	owable for the	is depth or be for	full 24 hou	ers.)	
			ij ioda o	u anu musi	Producing Me	ethod (Flow, pr	onp, gas lift,	etc.)	·		
Date First New Oil Run To Tank	Date of To	es			11000400						
	Tubing Pressure				Casing Pressure			Choke Size			
Length of Test	lubing Pr	ESSUIC									
	01 81					Water - Bbis			Gas- MCF		
Actual Prod. During Test	Oil - Bbls	•									
					1					***	
GAS WELL					12	A D 10T		Gavier of Ca	deneste		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
					Corina Processor /Chart in			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choice Size			
VI. OPERATOR CERTIFIC	ATE O	F COMP	LIAN	CE			ICEDIA	ATION D	MICIC)NI	
I hereby certify that the rules and regu					11 6	JIL CON	VOEN V	AHOND	IAIOIC)I4	
Division have been complied with and	that the infe	ormation give	svoda a		li				2.0		
is true and complete to the best of my	knowledge	and belief.			Date	Approve	d				
					II	• •					
Jan Cyhn					D.,	61 1 13 1 N		STATE OF THE STATE	RTON		
Sitracture					By_			. # 12. # ¥ 1. # 1	· - · · · ·		
<u>James De Cogburn, A</u>	dminist	trative	Supe	rvisor	cll						
Printed Name		20	Title	10	Title						
10/2/9/			2-160 phone N								
Date		100	hman 14	v.	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.

gastro