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

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 TO TRANSPORT OIL AND NATURAL GAS

Operator ADGO OTT AND CAS COMPANY				30-025-29844				
ARCO OIL AND GAS COME	ANI					23 230 .		
BOX 1710, HOBBS, NEW	MEXICO 882	40						
Reason(s) for Filing (Check proper box) Other (Please explain)								
New Well		in Transporter of: Dry Gas	EF	FECTIVE:	10/11	9]		
Recompletion Change in Operator	Oil Casinghead Gas X							
If change of operator give name		<u> </u>						
and address of previous operator								
	L DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind						Lease No.	
Lease Name	Well No.		ATTIX 7RQ GB			FEE		
G. W. TOBY	//	LANGETE	111111111111111111111111111111111111111	.,				
Unit LetterG	. 1980	_ Feet From The _	الما NORTH	e and198	80 Fe	et From The _	EAST Line	
) (II) N	TTA			County	
Section 13 Township	p 24S	Range	36E , N	MPM, LEA	1			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS								
Name of Authorized Transporter of Oil v or Condensate			Address (Un	Address (Give address to which approved copy of the form of a second				
TEXAS NEW MEXICO PIPELINE CO.			P. O. BOX 2528, HOBBS, NEW MEXICO 88240 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing TEXACO PRODUCTION INC	THE OF PRINCIPLES THE PRINCIPLES OF			O. BOX 3000, TULSA, OK 74102				
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	is gas actually connected?			When?		
give location of tanks.	В 13	1 24 S 36E	YES	<u></u>				
If this production is commingled with that I	from any other lease o	r pool, give comming	ling order num	ber:				
IV. COMPLETION DATA	Oil We	Il Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v Diff Res'v	
Designate Type of Completion			İ	<u> </u>				
Date Spudded	Date Compl. Ready	to Prod.	Total Depth			P.B.T.D.		
(DE DVO PT CO)	Name of Producing I	Formation	Top Oil Gas	Pay		Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								
Perforations			<u> </u>			Depth Casing	Shoe	
			CEV CEVER	NC RECOR	D	1		
		CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE							
V TEST DATA AND DEOLIES	ET FOR ALLOW	ARLE.	1					
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)								
Date First New Oil Run To Tank				Producing Method (Flow, pump, gas lift, etc.)				
		Casing Press	Casing Pressure					
Length of Test	Tubing Pressure							
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.			Gas- MCF			
						<u> </u>		
GAS WELL						Course of Co	ndeneste.	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate			
	Tubing Pressure (Sh	Casing Press	Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing 1 isosatic (and							
VI OPERATOR CERTIFIC	ATE OF COM	PLIANCE			ICEDV	ATION F	DIVISION	
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation			'	JIL CON	NOEH V	ATION L	NAIOIOIA	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Data Approved				
				Date Approved				
Jam Cyhn	By_							
Signature					······			
James D. Cogburn, Administrative Supervisor Printed Name Title				Title				
10/2/9/		92-1600 Sephone No.						
Date	Te	aephone 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.
- 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.