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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, Arlesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ī	nego T	O TRA	NSPC	ORT OIL	AND NA	TURAL GA	AS	Br XI			
Operator							AGI VLIAG				
ARCO CIL AND GAS COMPANY						30-025-11282					
Address			000								
P. O. BOX 1710, HOBBS	, NEW M	EXICO	882	40	Orb	es (Please expl	ain)				
Reason(s) for Filing (Check proper box)			T	an of		4 (: :::::::			, ,		
New Well		Change is	Dry Gar		r r	FECTIVE	DATE:	ن.	An 0 71	992	
Recompletion U	Oil Casinghead		•	_	Li	PLOTIVE					
Change in Operator L	-										
nd address of previous operator											
L DESCRIPTION OF WELL	AND LEA	SE					Vind o	(Lesse	1	ase No.	
Lease Name		Well No.	Pool N	me, Includia	ng Formation	TES SR GA	1	Federal or Fo			
W. H. HARRISON A WN		2	JALI	IAI IAN	OTHE III	LED ON TO	1	1			
Location	66	50		_	NORTH Lin	660	. Fee	t From The	WEST	Line	
Unit LetterD	.:		. Feet Fro	om The	110	E 2000					
Section 29 Township	. 24	4S	Range	3	7E , N	MPM,	L	EA		County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	D NATU	RAL GAS	d-b to w	hich approved	come of this f	orm is so be se	nt)	
Name of Authorized Transporter of Oil		or Conden	mie		Address (Gr	e ocaress io w	nich approna	,		•	
				<u> </u>	Address (C'	e address to w	hich approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Casing			or Dry Gas 💢		D U	. Tulsa.	pproved copy of this form is to be sent) ulsa. OK 74102				
Texaco Exp. and Prod.,	Inc.	Sec.	Twp	Ree	is gas actually connected?			When?			
if well produces oil or liquids, give location of tanks.	Veit	-	· · · r 		YES		12/	29/75			
f this production is commingled with that f	rom any oth	er lease or	pool, giv	re commingl	ing order num	ber:					
V. COMPLETION DATA								Plug Back	Same Res'v	Diff Res'v	
		Oil Well	(Gas Well	New Well	Workover	Deepen	l Tink Dack			
Designate Type of Completion	· (X)) Bandrida			Total Depth	<u> </u>		P.B.T.D.	<u></u>		
Date Spudded	Date Comp	a. Keady K	PIUL								
THE DES DE CO	.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)									Depth Casing Shoe		
Perforations	<u> </u>							Deput Cassi	ng Shoe		
						PECCI		<u> </u>		- 	
	TUBING, CASING AND C				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET						
	ļ. ——										
								<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE			4	n bla fan dhi	in dendk on he	for full 24 hou	er.)	
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ecovery of w	nal volume	of load	oil and must	be equal to o	r exceed top at lethod (Flow, p	nome eas lift.	esc.)) <u></u>		
Date First New Oil Rua To Tank	Date of Te				Producing iv	leaked (1 low,)	/w/ \	•			
	Tubing Pressure Oil - Bbls.				Casing Press	Casing Pressure			Choke Size		
Length of Test											
Actual Prod. During Test					Water - Bbls.			Gas- MCF			
Vernin Lion During 1ees								<u> </u>			
CACHELL	<u> </u>										
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	nmie/MMCF		Gravity of Condensate			
Actual Front Text - MCC/S							Choke Size				
Testing Method (pitot, back pr.)	Tubing Pro	esure (Shu	d-in)		Casing Pres	sure (Shut-in)		Cione Sin	-		
· · · · · · · · · · · · · · · · · · ·	<u> </u>				┤┌── ─			1			
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIAI	NCE	II		NSERV	ATION	DIVISIO	NC	
I hander certify that the rules and regulations of the Oil Conservation					II						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date ApprovedJAN 1 4 '92						
is the and complete at the feet of my		•			Dat	o sabbios					
Januar Carlo					By.	ORIGIN	IAL SIGNEI	a py Jêwk	NOTXEE Y		
Simple James D. Cogburn, Operations Coordinator					by-	BISTRICT I SUPERVISOR					
James D. Cogburn, Op	eratio	ns Coo	rdina Title	alui	Title						
Printed Name	1	3	92-10	600	11 1100	<i></i>					
Date	<u> </u>		ephone !					a dipart			

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.

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- 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.

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JAN 1 0 1992

COMM HOUSE OFFICE