Submit 5 Copies Appropriate District Office			lew Mexico tural Resources Departm	ent		C-104 I 1-1-89 tructions
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONS	TION DIVISION		at Bottom of Page		
P.O. Drawer DD, Artesia, NM 88210	Santa Fe.		ox 2088 fexico 87504-2088			
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST FOR AL		BLE AND AUTHORI	ZATION		
I. Operator	TO TRANSPO	DRT OIL	AND NATURAL G	AS Well	API No.	
ARCO OIL AND GAS COM	PANY			30-	-025-11318	
Address P. O. BOX 1710, HOBBS	S. NEW MEXICO 8824	40				
Reason(s) for Filing (Check proper box)			Other (Please expl	ain)		
New Well	Change in Transpor Oil Dry Gas		EFFECTIVE	DATE:	JAN 0 7 1992	
Change in Operator	Casinghead Gas Condeau	_	EFFECTIVE			
If change of operator give name and address of previous operator						<u></u>
IL DESCRIPTION OF WELL	AND LEASE		· · · · · · · · · · · · · · · · · · ·			
Lesse Name JALMAT STATE GAS COM	Well No. Pool Na	me, lociud	in g Formation NSILL YATES SR GA	AS Sale		case No.
Location						
Unit Letter0		m The	SOUTH_Line and2310	<u>)</u> F	et From TheEAST	Line
Section 32 Townshi	p 24S Range		37E, NMPM,	1	LEA	County
	SPORTER OF OUL AND	NATE	DAL CAS			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	or Condensate		Address (Give address to wi	hich approved	l copy of this form is to be se	ent)
		 346 [[X]	Address (Gine address 10 m)	hich anorowa	copy of this form is to be se	
Name of Authorized Transporter of Casin Texaco Exp. and Prod.,			P. O. Box 3000			
lf well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Ĺ	Is gas actually connected? YES	When	? 11/23/49	·
If this production is commingled with that IV. COMPLETION DATA			New Well Workover	Deepen	Plug Back Same Res'y	Diff Res'v
Designate Type of Completion	- (X)		i i	1	<u> </u>	<u> </u>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
Perforations	<u> </u>				Depth Casing Shoe	
	TUBING, CASIN	G AND	CEMENTING RECOR	D		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
***************************************					1	
V. TEST DATA AND REQUES	T FOR ALLOWABLE				: 	
OIL WELL (Test must be after re	covery of total volume of load oil	and must	be equal to or exceed top allo	nuable for thi	e depth or be for full 24 hour	rs.)
Date First New Oil Rus To Tank	Date of Test		Producing Method (Flow, pu	тр, заз 191, е		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bols		Gas- MCF	
GAS WELL						
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF		Gravity of Condensate	
Fosting Method (pitor, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of my k	tions of the Oil Conservation hat the information gives above	E	OIL CON Date Approved		ATION DIVISIC JAN 14'92	N
Sipanut signa					W SERV SEXTON	
Prioted Name	erations Coordinate Tale 7 1992 392-160		Dis Title		JPERVISOR	
Date	Telephone No.					
•				an ing an		

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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All sections of this form must be filled out for allowable on new and recompleted wells.
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.