nit 5 Copies roprints District Office	State of New Energy, Minerals and Natura	Resources Department	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
TRICT I Box 1980, Hobbs, NM 88240	OIL CONSERVAT	ION DIVISION	
TRICT II Drawer DD, Aricaia, NM 88210	P.O. Box Santa Fe, New Mexi	2088 co 87504-2088	
TRICT III O Rio Brazos Rd., Aziec, NM 87410	DEOUEST FOR ALLOWARD	E AND AUTHORIZATIO	N
	TO TRANSPORT OIL A		ALL APINO
ARCO OIL AND GAS COMPA	NY		30-025-11466
dress BOX 1710, HOBBS, NEW M		Other (Please explain)	
ason(s) for Filing (Check proper box)	Change in Transporter of:		1 1-
w Well	Oil Dry Gas 2 Casinghead Gas Condensate	. EFFECTIVE: 4/1	/90 11/1/9/ .
ange is Operator	Casinghese Gas		
address of previous operator	ND LEASE		Lease No.
DESCRIPTION OF WELL	Well Na Pool Name, Including	Formation Vates Gas	Lease No.
Wells WN		7	_ Feet From The _ East Line
Unit Letter		1980 Line and 1980	_ Peer From The County
Section (Township	255 Range 371	E, NMPM, L	
I. DESIGNATION OF TRAN	SPORTER OF OIL AND NATUR	AL GAS Address (Give address to which app	roved copy of this form is to be sent)
	thread Gas or Dry Gas 🗺	Address (Give address to which app	roved copy of this form is to be sent)
ame of Authorized Transporter of Casing id Richardson Carbon &	Gasoline Co.	P. O. Box 1226, Jal Is gas actually connected?	NM 88252
well produces oil or liquids,		yes	Unknown
this production is commingled with that :	from any other lease or pool, give comminglin	ng order number:	Due Back Same Res'y Diff Res'y
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Dec	pea Plug Back Same Res'v Diff Res'v
Designate Type of Completion	- (X) " Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
bate Spudded	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
levations (DF, RKB, RT, GR, esc.)			Depth Casing Shoe
erforations		CT CALL RECORD	
	TUBING, CASING AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE			
. TEST DATA AND REQUE	ST FOR ALLOWABLE	I allown Ne	for this depth or be for full 24 hours.)
)IL WELL (Test must be after	ST FOR ALLOWABLE recovery of total volume of load oil and must Date of Test	Producing Method (Flow, pump, 8	as lift, etc.)
Date First New Oil Run To Tank		Casing Pressure	Choke Size
Length of Test	Tubing Pressure		Gas- MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbla.	
			Gravity of Condensate
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-m)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFI	CATE OF COMPLIANCE		ERVATION DIVISION
مسلمه مناف المنام من			
I hereby certify that the rules and re- Division have been complied with an is true and complete to the best of m		Date Approved	NU 4
Signature D. Constantino A	-	By ONGINAL SAC	NED BY JEERY SEXTON
theme of	dministrative Supervisor	DyDISTING	A - SCHWARDS
Signature		- 1	
Signature James D. Cogburn, A. Printed Name 3/27/90 11/5/9/	Title	Title	

Request for allowable for how y difference is with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 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.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

NOV 0.6 1991 GAR HOBEC OFFICE

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