Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	State of New Energy, Minerals and Natur OIL CONSERVA P.O. Boy Santa Fe, New Mey	al Resources Department FION DIVISION x 2088 xico 87504-2088	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
I. TO TRANSPORT OIL AND NATURAL GAS			
Operator ARCO OIL AND GAS COMPANY Address			
BOX 1710, HOBBS, NEW Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	Previous Name I Effective: 3/1	14/90
If change of operator give name and address of previous operator JOHN H. ENDRIX CORP., 223 W. Wall, Ste. 525, Midland, TX 79701			
I. DESCRIPTION OF WELL	AND LEASE Well No. Pool Nant, Includin 1 TUBB DRING		ind of Lease Lease No. Late, Federal or Fee FEDERAL
Location Unit Letter			
Section 11 Township 25S Range 37E , NMPM, LEA County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent) TEXAS NEW MEXICO PIPELINE P. 0. BOX 2528, MIDLAND, TX 79701 Name of Authorized Transporter of Casinghead Gas XX P. 0. BOX 1492, EL PASO, TX 79910			
EL PASO NATURAL GAS CO If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Vhen ?
give location of tanks.	G 11 25S 37E from any other lease or pool, give commingli	YES DHC	<u>3/26/64</u> 2 181
If this production is commingled with that from any other lease or pool, give commingling order number. DHC 181 IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res' Diff Res'			
Designate Type of Completion	- (X)	Total Depth	
Date Spudded	Date Compl. Ready to Prod.	•	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations Depth Casing Shoe			
	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			:
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 Date of Test Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbla	Gas- MCF
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
is true and complete to the best of my knowledge and belief. Date Approved			MAR 2 8 1990
	ADMINISTRATIVE SUPERVISO Tide		Orig <u>esterned by</u> Paul Kautz Geologist
<u>3/26/90</u>	<u>392-3551</u> Telephone 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.