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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

See Instruction

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	HEUU	ro tra	NSPC	ORT OIL	AND NA	TURAL GA	S			· — · · · ·	
President		io inv	. 101 0	,,,, <u> </u>			1 44 644 7			$\overline{}$	
Operator ARCO OIL AND GAS COMP	ANY						3	0-025	-1155	<u> </u>	
ARCO OIL AND GAS COM											
BOX 1710, HOBBS, NEW	MEXICO	88240	)		<del></del>	(8)					
Reason(s) for Filing (Check proper box)				_	□ Orp	es (Please expla	u)				
New Well		Change in						. 1	10.		
Recompletion	Oil	_	Dry Ga	_	EĒ	FECTIVE:	4/1/90	<del>y</del> 11/1	141	•	
Change in Operator	Casinghea	d Gas	Conden	rate							
f change of operator give name and address of previous operator											
		CE									
IL DESCRIPTION OF WELL	AND LEA	Well No	Pool Na	me, Includir	g Formation			d Lesse		ase No.	
Eaten B-1 WN		1	Ju	15415	Glari	etn Gas	State,	Federal or Fed			
		- <del>'</del>							1. 10		
Location	. 198	0	Fest Pr	om The N	orth Lin	se and	<u> </u>	et From The.	WES F	Line	
Unit Letter						١	و در			Carran	
Section \ > Townshi	, 25	>	Range	375	, N	MPM,		<del></del> -		County	
00000											
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATUI	Address (Gir	we address to wh	ich approved	copy of this f	orm is so be se	nt)	
Name of Authorized Transporter of Oil		or Condea	FALE		Audies (O)			,,,,,			
	Ge K A	Address (Give address to which approved copy of this form is to be sent)					nt)				
ame of Authorized Transporter of Casinghead Gas or Dry Gas					P. O.	Box 1226,	Jal, N	1 88252			
Sid Richardson Carbon &	ichardson Carbon & Gasoline Co.				le gas actual	ly connected?	When	7			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	, . ~ r 	Rge		ર્લડ	1	unkno	101		
If this production is commingled with that	from any of	er lease or	pool, giv	ve comming!	ing order mun	nber:					
If this production is commingled with that  IV. COMPLETION DATA	Hom any or		E- ma Ba					·	η <del></del>	<b>D</b>	
IV. CUMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Docpes	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	-	_i_		<u> </u>		L	1	L	<u> </u>	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth			P.B.T.D.			
						Top Oil/Gas Pay			Tuking Derth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing				ı	Top Om Oes 1 = 3			Tubing Depth			
						Depth Casing Shoe					
Perforations								1	-		
		<del></del>	CAST	NG AND	CEMENT	ING RECOR	D	<u>'</u>			
	<del></del>	TUBING, CASING AND				DEPTH SET			SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					<u> </u>					
	<del></del>										
					1			ļ			
									·		
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE						A & . H 34 L	ere 1	
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of 1	otal volume	of load	oil and must	be equal to a	or exceed top all	owable for th	us depth or be	JOT JULI 24 NOL	w 5.j	
Date First New Oil Run To Tank	Date of To	e <b>s</b>			Producing N	Method (Flow, pr	ump, gas lyli,	EIC.)			
Daw I has two on the	1							Choke Size			
Length of Test	Tubing Pr	STIRE			Casing Pres	STIE.					
<del>-</del>					Water - Bb	le		Gas- MCF			
Actual Prod. During Test	Oil - Bbls	_			A STEL - DO	1-					
					<del></del>			1			
GAS WELL						X N 1/25		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF			0.2.1.)		
1						Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Lieswife (mine-in)						
					<b>┧┌──</b> ─						
VL OPERATOR CERTIFIC	CATE O	F COM	PLIA.	NCE		OIL CO	<b>NSERV</b>	<b>ATION</b>	DIVISION	NC	
the sales and feet the rules and rest	ulations of th	e Oil Coose	EVELIOR .			J.L 001		<del></del>			
Division have been complied with an	d that the ini	OLLUBINOS R	ven abov	ve	_		-d				
is true and complete to the best of my	/ Knowledge	and Delice.			11	te Approve					
							<u>.,                                    </u>	13 F.	egili (Seelig		
Jan Lylin					Ву						
Signature d'ames D. Cogburn, Ad	ministr	ative	Supe	rvisor	11						
<u> </u>			1100		Titl	e					
7/27/90 11 5 91		Te	<u> 392-3</u>	551							
Date		Te	lephone	No.	11						

- 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.