Submit 5 Copies
Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

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, Astesia, NM 82210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.		U IIV	11131	OITI OIL	- AND IN		Well	API No.			
Operator ARCO OIL & GAS COM	PANY						3	0 025	11564		
P. O. BOX 1710 HOBBS, NEW MEXICO 88240											
Resson(s) for Filing (Check proper box)  V. Other (Please explain)											
Change in Transporter of:											
Recompletion Oil Dry Gas						ADD TRANSPORTER (GAS)					
Change in Operator	Casinghese	i Gas 🔲	Conde	ante 🔲							
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	AND LEA	SE							<del></del>		
well No.   Pool Name, Includ				i Sale			of Lease N Rederal on Fee		Mare No.		
Location											
Unit Letter 6 : 660 Feet From The SOUTH Line and 1980 Feet From The FAST Line											
Section / 3 Township 25 S Range 37 E						MPM,	L	EA County			
III. DESIGNATION OF TRAN	RAL GAS		···	ann af chia f							
Name of Authorized Transporter of Oil XXX or Condensate TEXAS NEW MEXICO PIPELINE COMPANY					Address (Give address to which approved copy of this form is to be sent)  P. O. BOX 2528 HOBBS. NEW MEXICO 88241						
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent) 1.0.80x 1220 Jal, N.M. 88252										
SID RICHARDSON CAR	BON PROF	VELTY	E CO		P. O. B	ox 3000_	<u>Tulsa,</u>	, Ok. 74102			
If well produces oil or liquids, give location of tanks.	Unsit [	Sec.	Twp	Rge.	Is gas actually Yes		Whea	1			
If this production is commingled with that f	from env other	r lease or	pool. gi	ve commine	ing order sumi	ber:					
IV. COMPLETION DATA	10th my 00x		,		•						
	· M	Oil Well	Ţ	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -  Date Spudded	Date Comp	L Ready to	Prod.	<del></del>	Total Depth	L	L	P.B.T.D.	<u> </u>	.4	
pas spuns					Too Oliffor Pay						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	g Shoe		
	CEMENTI	NG RECOR	D	<del>!</del>	<del></del>						
	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TOBING SEE										
	<del> </del>			. <del></del>							
								<u> </u>			
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 of Tes		og load	OU BRZ MUSE	Producine M	ethod (Flow, pu	mp, pas lift. e	sc.)		<del></del>	
Date First New Oil Rua To Tank	Flooring IVI	2000 (1 10 m) pm									
Length of Test	Tubing Pressure				Casing Press	ne		Choke Size			
					Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.										
GAS WELL									<del></del>		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MIMCF			Gravity of Condensate			
	W 37 - N-	/Shid			Casing Press.	ire (Shut-ia)		Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-m)										
VL OPERATOR CERTIFICATE OF COMPLIANCE							ISEDV.	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above in true and complete to the best of my knowledge and belief.					JUL 19 1993						
S and with complete to the complete of the com					Date Approved						
Land you					By ORIGINAL SIGNED BY JERRY SEXTON						
SAMES COGBURN OPERATIONS COORDINATOR					DISTRICT I SUPERVISOR						
Printed Name			Tale		Title						
Dela	(505)		phone I	No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

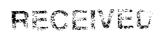
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

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.



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