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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

DISTRICT E P.O. Drawer DD, Artesia, NM \$8210

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 TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.		,	
•	Compan	.,						30	-025- //	565 V	
ARCO 011 and Gas	Сощран	<u>y</u>		<u></u>							
P.O. Box 1710 - 1	Johns '	New Me	xico	88241	-1710		_				
Reason(s) for Filing (Check proper box)	10003	1104 110			X O	het (Please expl	char	ge Well	Name Fr	om	
New Well		Change in	Transp	orter of:				- (3	_	Æ	
Recompletion	Oil		Dry G				LEARC	T M. O	BUFFING	70N #4	
Change in Operator	Casinghea	d Gas 🔲	Conde	omie 🗌			Effe	ctive:	1-1-9	<i>13</i>	
f change of operator give name											
and address of previous operator									··· · · · · · · · · · · · · · · · · ·		
IL DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	Well No.		Pool N	lame, Includ				l of Lesse No.			
South Justis Unit " f	. 11	18	Jus	tis Bli	nebry T	ubb Drink	card State	recersi of re	/	FEE	
Location											
Unit Letter	. 66	0	Feat F	rom The _5	OUTH Lie	ne and _198	9:0 F	et From The	WES	T Line	
Um Later											
Section /3 Township	p 25	<u>S</u>	Range	37	E .N	IMPM,	Lea	<u> </u>		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS		bish same	l annu of this	farm is an har a		
Name of Authorized Transporter of Oil X or Condensate					Address (Clive data ess to which approved copy of this form a to be sent)						
Texas New Mexico Pipel	line Co	npany.			P.O. Box 2528 - Hobbs, NM 88241-2528 Address (Give address to which approved copy of this form is to be sent)					28	
Name of Authorized Transporter of Casinghead Gas or Dry (1 '						
Sid Richardson Carbon	and Ga	soline	Company		P.O. Box 1226 Is gas actually connected?			Jal NM 88454			
If well produces oil or liquids,	Unit	Sec.	Twp	Rge.		iy connected?					
give location of tanks.			L		<u> </u>			UNKNO	WN		
f this production is commingled with that	from any oth	er lease or	pool, giv	ve comming	ing order num	ber:					
V. COMPLETION DATA		~				T == .	<u> </u>	Dive Beek	Same Res'v	D:# 9 b	
m	α _ν	Oil Well	_ ! '	Gas Well	New Well	Workover	Deepea	i Flug Dack	Dame Ker A	Diff Res'v	
Designate Type of Completion		<u> </u>			Total Depth	<u> </u>	L	P.B.T.D.	L	<u> </u>	
Date Spudded	Date Comp	al. Ready to	Proc.		I COLL DOGIN			F.B. 1.D.			
	ļ	A. da Ba			Top Oil/Gas Pay			Tubing Depth			
Devations (DF, RKB, RT, GR, etc.) Name of Producing Formation				ļ	100			some solut			
Perforations								Depth Casing Shoe			
renormon								'	•		
		TIRING	CASI	NG AND	CEMENTI	NG RECOR	D	 			
1404 5 0175		SING & TU				DEPTH SET			SACKS CEME	ENT	
HOLE SIZE	 	AITG & TO	0110	<i></i>				1			
	 -										
	 										
	 										
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		L				· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after to	ecovery of 10	eal volume e	of load o	oil and must	be equal to or	exceed top allo	mable for this	depth or be j	for full 24 hour	z.)	
Date First New Oil Run To Tank	Date of Ter		· · · · · ·		Producing M	ethod (Flow, pu	mp, gas lift, e	ic.)			
									Chala Cian		
agth of Test Tubing Pressure				Casing Pressure				Choke Size			
-						<u> </u>		Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Cas- MCF		
-								L			
GAS WELL											
Acarel Prod. Test - MCF/D	Length of	i and			Bbls. Conder	mte/MMCF		Gravity of C	ondensate		
ACTUAL FROM THE VARIOUS										1	
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
				•							
T CHARLES ARON CERTIFICA	ATTE OF	COMP	LIAN	CE							
VL OPERATOR CERTIFIC						DIL CON	SERV	ATION I	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.					Date	Approved	4	JAN - 13	1993		
					Dale	Thhinad					
La W. Clark					BY SERIGINAL SIGNED BY JERRY SEXTON						
Statute					By_	1016	MOT SU	PSRVISOR			
James D. Coghurn - Oz	eration	ns Coo		ator_							
Printed Name		(EOE) ·	Title 201 1	1600	Title				, #		
0/-04-93		(505) :	hone N		1						
Date		test		~	1						

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) Secrete Form C-104 must be filed for each pool in multiply completed wells.