)|STRICT| |O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

DISTRICT E P.O. Drawer DD, Astesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L	TOTF	ANSPORT OIL	AND NATURAL GAS			
Operator			Well API No.			
ARCO 011 and Gas	Company			30-02	25-11566	
Address			1710			
P.O. Box 1710 - H	<u>lobbs, New M</u>	exico 88241	$\frac{-1/10}{X}$ Other (Please explain)	Change Well Na	ame From	
Reason(s) for Filing (Check proper box) New Well	Change	in Transporter of:				
Recompletion	oil [Dry Gas	LEARCY M. BUFFINGTON #5			
Change in Operator	Casinghead Gas	Condensate		Effective:	1-1-93	
f change of operator give name						
and address of previous operator						
IL DESCRIPTION OF WELL	AND LEASE	o. Pool Name, Includi	ne Formation	Kind of Lease	Lease No.	
Lease Name	i i		nebry Tubb Drinkar	State, Federal or Fee	FEE	
South Justis Unit "G						
	: 1650	Peet From The 30	047H Line and 1980	Foet From The	EAST Line	
Section / 3 Townshi	p 25S	Range 37	E , NMPM,	Lea	County	
III. DESIGNATION OF TRAN	CDADTED AF	OIL AND NATU	RAL GAS			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		cosate	Address (Give address to which	approved copy of this form	is to be sent)	
	Iina Company		P.O. Box 2528 -	Hobbs, NM 882	241-2528	
Texas New Mexico Pipeline Company apps of Authorized Transporter of Casinghead Gas X or Dry Gas		or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
Sid Richardson Carbon and Gasoline Compan		e Company	P O Box 1226 - Jal NM 88252			
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	is gas actually connected? YES	ZNKNOW		
rive location of tanks.	from east other bear.	or nool, give comminel		- IF IN NOW	· <u>· · · · · · · · · · · · · · · · · · </u>	
This production is commingled with that IV. COMPLETION DATA			1E 00 Eff. 8" 150			
Designate Type of Completion	Oil W		New Well Workover	Doepea Plug Back Sar	ne Res'v Diff Res'v	
Data Spudded	Date Compl. Ready	to Prod.	Total Depth	P.B.T.D.	······································	
	1	E	Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Depth Casing Shoe		
Perforations				Deput Citing Si		
	TUBING, CASING AND		EMENTING RECORD			
HOLE SIZE CASING & TUB		TUBING SIZE	DEPTH SET	SAC	SACKS CEMENT	
	<u> </u>					
		<u> </u>				
	 					
V. TEST DATA AND REQUE	ST FOR ALLOV	VABLE				
OIL WELL (Test must be after r	recovery of total volum	re of load oil and must	be equal to or exceed top allows	ble for this depth or be for f	ull 24 hours.)	
te First New Oil Rua To Tank Date of Test		Producing Method (Flow, pump, gas lift, etc.)				
Tuking Passara			Casing Pressure Choke Size			
gth of Test Tubing Pressure		▼				
Actual Prod. During Test	Prod. During Test Oil - Bbls.		Water - Bbis.	Gas- MCF	Gas- MCF	
-	<u> </u>			L		
GAS WELL						
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Cond	Gravity of Condensate	
		Casing Pressure (Shut-in)	Choke Size	Choke Size		
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Cating 1 tessure forter my		Carves State	
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE	OIL COME	ERVATION DI	VISION	
I hereby certify that the rules and regul	lations of the Oil Cont	ervatio n	OIL CONS	EUAYLION DI	AIOIOIA	
Division have been complied with and	that the information g	iven above		tass	•	
is true and complete to the best of my	KHOWICEGE AND DELICE.		Date Approved		- 6 1993	
Start O. Cashin			By ORIGINAL SIGNED BY JERRY SEXTON BISTRICT I SUPERVISOR			
						James D. Coeburn - O
Pristed Name 01-04-93	(505)	391-1600	Title		MAY 2519	
Deal Deal	T	elephone No.	FOR RECO	RD ONLY	THY 60495	

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.

RECEIVED

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