opeiste Bunne. BECT I Box 1980, Hobbe, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT E P.O. Deswar DD, Astesia, 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

<b>T</b> .	1124	TO TRA	NSF	PORT OF	L AND NA	TURAL G	AS				
Operator							Well	API No.		/	
ARCO 011 and Gas	Compan	у						30	<del>-</del> 025- //	566V	
Address				000/1	1710						
P.O. Box 1710 - H	obbs	New Me	x1cc	88241	X   Oth	ves (Please expl	air) Chan	ge Well	Name Fr	OM.	
Reason(s) for Filing (Check proper box) New Well		Change is	Trans	porter of:_	بها					on #5	
Recompletion	Oil		Dry C								
Change in Operator	Casinghe	ad Gas 🔲	Cond	en make 🔲			Effe	ctive:	1-1-	93	
f change of operator give name											
and address of previous operator								-			
IL DESCRIPTION OF WELL	AND LE	ASE	Book	Name Jacks	ing Formation		Kind	of Lease	~ 1	ease No.	
Lesse Name	- 11	17				ıbb Drink	ard Sue,	Federal of Fe	. \   -	FEE	
South Justis Unit "G		1_//_	1000	CIS DI	LICUL ) IN				<del></del>		
Unit Letter	. 16	50	Reat 1	From The 3	OUTH_Lin	e and _190	90 F	et From The	FAS	TLine	
Una Letter	_ ·						_				
Section / 3 Township	25	S	Range	• 37	E N	MPM,	<u>Lea</u>	·	<del> </del>	County	
	~~~~~	m or o	TT A 1	NID MATE	DAT CAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condet	IL AI	AD IANTO	Address (Giv	ne address to wi	hich approved	copy of this f	orm is to be a	ini)	
					P.O. Box 2528 - Hobbs, NM 88241-2528						
exas New Mexico Pipeline Company ne of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
	on and Casoline Company				P.O. I	30x 1226		NM 88252			
If well produces oil or liquids,	Il produces oil or liquids, Unit   Sec.   Twp.				is gas actuali		When	nnnown			
rive location of tanks.	<b></b>	l	<u> </u>					NRNO	wn	<del></del>	
f this production is commingled with that f	rom any ou	her lease or	pool, g	Age community	ing order muin					<del></del>	
V. COMPLETION DATA		Oil Well	$\neg \Gamma$	Gas Well	New Well	Workover	Doepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	i		i	i				<u>i</u>	
Date Spudded		pl. Ready to	Prod.		Total Depth			P.B.T.D.			
_					Top Oil/Gas	Day		D.1: D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					iop ob ob its			Tubing Depth			
Perforations					<u>.l</u>			Depth Casing Shoe			
1 2300 2000											
	TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	ļ <u> </u>				<del> </del>				···-		
	<del> </del>										
. TEST DATA AND REQUES	T FOR	LLOW	ABLE	<u> </u>	L	· · · · · · · · · · · · · · · · · · ·					
OIL WELL (Test must be after re	covery of u	nal volume	of load	oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hou	7.)	
Date First New Oil Run To Tank						Producing Method (Flow, pump, gas lift, etc.)					
					Casing Pressure Choke Size						
length of Test	Tubing Pressure				Citing Pressure						
Local Bank During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Boil							<u> </u>			
O A O TIME I	<del></del>										
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	nte/MMCF		Gravity of C	ondensate		
With a second second											
esting Method (pilot, back pr.)	Tubing Pressure (Shut-m)			Casing Pressure (Shut-in)			Choke Size				
	<u> </u>				l			<u> </u>	<del> </del>		
L OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE	(	DIL CON	SERV	TION I	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 is true and complete to the best of my knowledge and belief.					Date ApprovedJAN - 6 1993					ß	
1 0 0 1					Daie	Thhinad	<i></i>	···			
Lamb. Cestin					RV ORIGINAL SIGNED BY JERRY SEXTON						
Station					BY ORGINAL SENED BY JERRY SEXTON  BESTRICT ! SUPERVISOR						
Names D. Coghurn - Overations Coordinator Printed Manne Title					Title.						
01-04-93		(505)		1600		<del></del>					

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.

  Seconds Form C 104 must be filed for each pool in multiply completed wells.