

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

Oil CONSERVATION DIVISION

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator ARCO OIL & GAS COMPANY		Well APN No. 30 025 11567
Address P. O. BOX 1710 HOBBS, NEW MEXICO 88240		
Reason(s) for Filing (Check proper box) ☒ Other (Please explain) ADD TRANSPORTER (GAS)		
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐	
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Operator ☐		
If change of operator give name and address of previous operator _____		

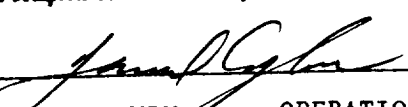
II. DESCRIPTION OF WELL AND LEASE		Kind of Lease State, Federal or ☒ Private	Lease No. SEE
Lease Name SOUTH JUSTIS UNIT "G"	Well No. 181	Pool Name, Including Formation JUSTIS BLINERRY THUR DRINKARD	
Location Unit Letter 0 : 330 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 13 Township 25 S Range 37 E , NMPM LEA County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☒ or Condensate ☐ TEXAS NEW MEXICO PIPELINE COMPANY		P O BOX 2528 HOBBS, NEW MEXICO 88241	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ SID RICHARDSON CARBON & GASOLINE CO.		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1226 Jal, N.M. 88252	
TEXACO EXPLORATION & PRODUCTION		P. O. Box 3000 Tulsa, Ok. 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twsp.
			Rge.
			Is gas actually connected? Yes
			When?
If this production is commingled with that from any other lease or pool, give commingling order number: _____			

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

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 First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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 JUL 19 1993	
Signature 		ORIGINAL SIGNED BY JERRY SEXTON	
Printed Name JAMES COGBURN Title OPERATIONS COORDINATOR		By _____ DISTRICT I SUPERVISOR	
Date 6/21/93 Telephone No. (505) 391-1621		Title _____	

- 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.