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

DISTRICT II P.O. Drawer DD, Assesia, NM \$8210

## Emergy, Minerals and Natural Resources Department

Revised 1-1-29 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 \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L	1	TO TRA	NSF	PORT OIL	AND NA	TURAL G	AS	W 11-		- <del></del> 1	
ARCO OIL & GAS COMPANY						Well API No. 30 025 //57/					
Address					00010						
P. O. BOX 1710  Resson(s) for Filing (Check proper box)	HOBBS	, NEW	MEX	100	88240 Oubs	s (Please expl	ais)				
Change in Transporter of:    Change in Transporter of:   ADD TRANSPORTER (GAS)   Change in Operator   Casinghead Gas   Condensate											
f change of operator give name and address of previous operator								<del> </del>			
IL DESCRIPTION OF WELL	ng Formation	Secretion Kind c			(Lesse No.						
Lease Name SOUTH JUSTIS UNIT	. l i				NEBRY TURB DRINKARD			Pederal or Fee			
Location  Unit Letter : 1650 Feet From The SOUTH Line and 990 Feet From The WEST Line											
Section / 3 Township 25 S Range 37 E NMPM, LEA County											
Marine of Authorized Transporter of Oil KXX or Condensate Address (Give address to which approved copy of this form is to be sent)											
TEXAS NEW MEXICO PIPELINE COMPANY P O BOX 2528 HORRS, NEW MEXICO 88241										<u>1</u> )	
Name of Authorized Transporter of Casing SIDARICHARDSONTCAR	RBON & GASOLINE CO.				<u> 1P. O. B</u>	ox 3000_	<u>Tulsa,</u>	OK. /41U/			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp	.   Rge.	is gas actuali Yes	y connected?	When	7			
If this production is commingled with that f	rom any oth	er lease or	pool,	give comming	ing order mumi	xer:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· (X)	i	i		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	<del></del>	1	
Date Spudded	Date Compl. Ready to Prod.							P.B. 1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					L			Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD											
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SIZE											
								<u></u>			
V. TEST DATA AND REQUES	T FOR	LLLOW and volume	ABL	E id oil and must	be equal to or	exceed top all	lowable for thi	s depth or be f	or full 24 hou	rs.)	
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 Rus To Tank  Date of Test  Date of Test											
Length of Test	Tubing Pressure				Casing Press	ius .		Choke Size	Choke Size		
				Water - Bbla.			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.							<u> </u>			
GAS WELL	.t					ANK'S		Gravity of C	ondensite		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Country or Constitution			
Testing Method (pitot, 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						
					ORIGINAL SIGNED BY JERRY SEXTON						
Special Control Operations Coordinator					By ORIGINAL SIGNED BY SERVI SE						
JAMES COGBURN	OPERATIONS COORDINATOR Tale (505) 391-1621				Title				ार्थक		
C /21/93	(505)	741-1	621 lephos	e 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) FIE 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.

DECEMEN