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

DISTRICT E P.O. Drawer DD, Assesia, NM \$1210

I.

DIZE OF NEW MENER Finergy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

America							West	At Mar	3 2 6 F	
Operator ARCO OIL & GAS COM	PANY					_	3(0 025 /	1581	
Address P. O. BOX 1710	HOBBS	S, NEW	MEX	I CO	88240					
		-,				s (Please explo	úų)			
Rescon(s) for Filing (Check proper box)		Change in	Traem	orter of:	X3					
New Well			Dry G	6 1	ADD T	RANSPORTE	ER (GAS)	*	•	
Recompletion 📙	Oil	8								
Change in Operator	Caninghe	d Gas U	Conde	202						
If change of operator give same										
and address of previous operator										
IL DESCRIPTION OF WELL	AND LE	ASE					(e	<u> </u>	NML	an Na
Lease Name		Well No.	Pool N	dame, includ	ing Formation			of Lease Pederal or Fee	1	
SOUTH JUSTIS UNIT	" <i>D</i> "	18	1.10:	STIS BL	INEBRY T	IRB, DRIN	KARD		NMI	4215
Location										
A	3 7	30	10. at 10	The 5 G	247H Line	and 330	Fe	et From The	EAST	Line
Unit Letter	.:		_ rea r	TOTAL 100						
	25	S	Range	37	E .NN	IPM,	L	EA		County
Section 14 Township			- Anny							
	CDADTE	אם מי	TT AN	JD NATI	RAL GAS					
III. DESIGNATION OF TRAN	SPURIE	or Conde	ILL AL	<u> </u>	Address (Give	address to wh	ich approved	copy of this fo	rm is to be se	~ ()
Name of Authorized Transporter of Oil	[XX]				1					
TEXAS NEW MEXICO P	IPELIN		VNĀ -		P 0 80	X 2528	المرحورة والم	come of this fo	rm ir to be se	nr)
Name of Authorized Transporter of Casing	head Gas		or Dry	/ Cas []	P.O. 80x	1228 6 m	ai, M.M	. 788252		
SID RICHARDSON CAR TEXACO EXPLORATION	PKNPRO	የ ወፍጹፑዕ	NE C	<u> </u>	1P. O. Bo	ox3000	<u>Tulsa,</u>	<u> UK. 741</u>	02	
W well produces oil or liquids,	Unit	Sec.	Twp	Rge	is gas actually	connected?	Whea	I		
give location of tanks.	1	<u></u>	<u> </u>		Yes					
if this production is commingled with that i	from any of	er lease or	pool, gi	ive comming	ling order sumb	er:				
IV. COMPLETION DATA	•									~ ~~
W. College and the second		Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	i	i		1 1					
		pl. Ready W	o Prod		Total Depth			P.B.T.D.		
Date Spudded		, ,			l					
Florations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					I tob On One i					
Elevanous (DP, KAB, KI, CK, ac.)		loopering .	OUTHING		Top On One :	•		,		i
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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.

JON 101 12 16

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