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it 5 Copies ----inte District Office Appropriate Leauna DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

DISTRICT III 1000 Rio Brasos Rd., Ariec, NM 87410	REQL	JEST FOR	ALLOWAL	BLE AND AUTHO	ORIZ	ATION			
<u>L</u>	AND NATURAL	AND NATURAL GAS							
Openior ARCO 011 and Gas		30-025-/158							
Address P.O. Box 1710 - H			co 88241	-1710					
Reason(s) for Filing (Check proper box)	10005	HEW INCAL		X Other (Please	explai	(A) Chan	ge Well	Name Fr	OM
New Well		Change in Tr	. —			LANO	LIE B"	133	# /
Recompletion	Oil Casinghea		ry Gas U	771					
Change in Operator 🗵	Effective: 1/1/93					3			
If change of operator give name	MERIDA	IAN 1	ail In	<u> </u>					
and address of previous operator II. DESCRIPTION OF WELL.									
Lesse Name	AL VD DD	Well No. Po	ol Name, Includi	ing Formation		Kind	Lease	L	ease No.
South Justis Unit "1	"	18 J	ustis Bli	nebry Tubb Dr	<u>inka</u>	ard Suc	Federal or Fe		
Location		-		••					_
Unit Letter	<u>. 33</u>	30R	ed From The 5	ONTH Line and	336	2 Fe	et From The _	FAST	Line
Section / 4 Township	25	S Ru	inge 37	E NMPM,		Lea	·		County
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of that form a to be setal)								
Texas New Mexico Pipel	P.O. Box 2528 - Hohbs, NM 88241-2528 Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casing	thead Gas	<u> </u>	Dry Gas	1					~/
Sid Richardson Carbon			ompany Np. Rge.	P.O. Box 12 Is gas actually connecte		Jal, Whea			
If well produces oil or liquids, give location of maks.	Unit	Ĺ	<u>i</u>	YES			INKN	aun	·
If this production is commingled with that i	from any oth	er lease or poo	al, give comming	ing order number: () 그 도착 요	žat svot				
IV. COMPLETION DATA SIT) FICH/	Oii Well	Gas Well	New Well Workov		Doepea	Plug Back	Same Res'y	Diff Res'v
Designate Type of Completion	- (X)	IOU wer	i cas was	1	" i				
Date Spudded		al. Ready to Pr	od.	Total Depth			P.B.T.D.	·	
Date Spaces									
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Form	atice	Top Oil/Gas Pay			Tubing Dept	h	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Form	ation	Top Oil/Gas Pay					
	Name of Pr	roducing Form	ation	Top Oil/Gas Pay			Tubing Depti Depth Casing		
]				YORD				
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Perforations	T	UBING, CA	ASING AND	CEMENTING REC			Depth Casing	g Shoe	ENT
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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.