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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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perator	NY						30-0	25- 11583	<u></u>	
ARCO OIL AND GAS COMPA	N I									
idress	EXICO	88240								
BOX 1710, HOBBS, NEW M eason(s) for Filing (Check proper box)	<u> </u>				Othe	s (Please explain	n)			
lew Well		Change in								
	Oil	Ī	Dry Gas	. 📙	EFF	ECTIVE:	1/16	192		
ecompletion U hange in Operator U	Casinghead							, <u> </u>		
change of operator give name										
d address of previous operator										
DESCRIPTION OF WELL	AND LEA	SE					1 22	Tages	1.	ase No.
ease Name		Well No.	Pool Na	me, includin	g Formation		Kind of	ederal of Fee	∠FED	
LANGLIE FEDERAL		1	JUST	IS BLI	WERKA					
ocation							330 💂		EAST	T :
T	: 16	50	_ Feet Fro	on The	SOUTH	and	Fee	t From The		Lin
Unit Letter	- '						LEA			County
Section 14 Township	<u>25</u>	<u>s</u>	Range	37E	, NI	MPM,	אנות			
I. DESIGNATION OF TRAN	SPORTE	<u>R OF O</u>	IL ANI	D NATUE	Address (Ci	e address to wh	ch approved	copy of this for	m is to be se	nt)
ame of Authorized Transporter of Oil	X	or Conoci	12316			Box 2528,	Hobbs.	NM 882	40	
exas New Mexico Pipel:	ine Co.			Coo Coo	Address (Giv	e address to wh	ich approved	copy of this for	m is 10 de se	nt)
arms of Authorized Transporter of Casing	ghead Gas	لكلا	or Dry	U25	P. O.	Box 1226	Jal, N	м 88252	<u> </u>	
Sid Richardson Carbon	& Gasol	ine Co	J. 17	1 0 00		y connected?	When	?		
well produces oil or liquids,	Unit	Sec.	1 1 mbr	1 37	YE		i		3/60	
ve location of tanks.	ļ I	14	25				1862			
this production is commingled with that	from any oth	er lease of	pool, giv	e eouningh	INT OLDER HALL					
V. COMPLETION DATA		_,		Gas Well	New Well		Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Time of Completion	- 00	Oil Wel	1 1 (JES WEIL	,	1	j			<u></u>
Designate Type of Completion	Date Comp	ol Ready I	o Prod		Total Depth	<u> </u>		P.B.T.D.		
rate Spudded	Date Com	n. Really I			1					
100 040 07 00 mg	Name of P	roducine F	ormation		Top Oil/Gas	Pay		Tubing Depth	i	
levations (DF, RKB, RT, GR, etc.)	TABLE OF F	·	,		1			! !		
erforations								Depth Casing	; Snoe	
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/ TEST DATA AND REQUE	ST FOR	ALLOW	ABLE	,	<u> </u>		aumbia fan ski	e denth or he f	or full 24 hos	σs.)
V. TEST DATA AND REQUE	ST FOR I	ALLOW oral volum	ABLE e of load	oil and must	be equal to a	r exceed top all	owable for thi	s depth or be for	or full 24 hos	os.)
OIL WELL (Test must be after	ST FOR A	OLAI VOLUM	ABLE e of load	oil and must	be equal to a	or exceed top allow, production of the contract of the contrac	owable for thi ump, gas lift, c	s depth or be for uc.)	or full 24 hos	σs.)
V. TEST DATA AND REQUE OIL WELL (Test must be after a Date First New Oil Run To Tank	recovery of u	OLAI VOLUM	ABLE se of load	oil and must	Flooring is		owable for thi ump, gas lift, (s depth or be force.) Choke Size	or full 24 hos	ers.)
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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.