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

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

DIMER OF THE RESTRICTION F gy, Minerals and Natural Resources Department

I min U-104 Revised 1-1-89 See Instruction

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Ariec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>. </u>	i	OTHA	UNSF	ON I OIL	ANU NA	0.0.0	Wall	PI No.			
Operator ARCO OIL & GAS COMPANY						30 025 //704					
Address											
P. O. BOX 1710	HOBBS	, NEW	MEX 1	CO	88240 Otbe	s (Please expl	air)				
Resson(s) for Filing (Check proper box)		Change in	Transpo	orter of:	ريو	. (•				
New Well Recompletion	ADD TI	ADD TRANSPORTER (GAS)									
Change in Operator	Casinghead	i Gas 🔲	Conde	nsate							
if change of operator give name and address of previous operator			 					,,, <u>, , , , , , , , , , , , , , , , , ,</u>			
	AND I FA	SE									
IL DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including					ng Formation			Kind of Lease State, Federal or Fee		NM Lease No.	
SOUTH JUSTIS UNIT	<u>"" "]</u>	21	JUS	STIS BL	INEBRY T	IRB DRIN	KARD	recent of rec	140	60945	
Location T 1990 For For The SOUTH Line and 330 Feet From The FAST Line											
Our Court											
Section 23 Township	, 25	<u>S</u>	Range	37	E N	лъц	<u> </u>	EA		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil XXX or Concensate						Address (Give address to which approved copy of this form is to be sent) P O BOX 2528 HORBS, NEW MEXICO 88241					
TEXAS NEW MEXICO PIPELINE COMPANY No. of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give	2528 address to w	HORKS, hick opproved	copy of this form is to be sent)			
Name of Authorized Transporter of Canage SID_RICHARDSON_CAR	uthorized Transporter of Casinghead Gas X or Dry Gas DD RICHARDSON CARBON & GASOLINE CO.				Address (Give address to which approved P. O. Box 1226 Jal, N.M P. O. Box 3000 Tulsa,			. 88252 Ok. 74102			
M well produces oil or liquids,	Unit	Sec.	Twp	Rge				a ?			
give location of tanks.	<u> </u>		<u> </u>		Yes						
If this production is commingled with that i	from any oth	er lease or	pool, gi	ve comming	ing order sum	·a			·		
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	j	i_				<u> </u>			1	
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/Ges Pay			Tubing Depth			
100					<u></u>			Depth Casing Shoe			
Perforations									,		
TURING CASING AND					CEMENTI	CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
					ļ			 			
	 				 			 -			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE							1	
OIL WELL (Test must be after n	Date of Te	eal volume	of load	oil and must	be equal to or	exceed top alle	owable for this ump. eas lift. i	sc.)	OF JUL 24 NO.	73.7	
Date First New Oil Rus To Tank	Producing in	Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
					Date - Date			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.						
	1				<u> </u>						
GAS WELL Actual Frod Test - MCF/D	Length of Test				Bols. Condensate/MMCF			Gravity of Condensate			
Actual Prog. 1 et - HICTID	Length of 100										
Testing Method (pitot, back pr.)	Tubing Pre	seure (Shu	(-m)		Casing Press	ire (Shut-is)		Choke Size			
	<u> </u>				 		·	<u></u>		,	
VL 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						4.0.4000					
is true and complete to the best of my knowledge and belief.					Date Approved JUL 19 1993						
- family Coplins					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
JAMES COGBURN OPERATIONS COORDINATOR											
Printed Name	(505)	391-1	Tale 621		Title					4 ³ '	
Dute	1247	Tel	ephone !	No.			الكالمانية المراجعة بالمرا				

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.

We can have