Submit 5 Copies Appropriate District Office	1	Energy, I	State of Vinerals and N	New Mexico atural Resou	ment	Form C-106 Revised 1-1-89 See Instructions				
DISTRICT J P.O. Box 1990, Hobbs, NM \$8240 DISTRICT E	ĺ	OIL CONSERVATION DIVISION P.O. Box 2088					at Bottom of Page			
P.O. Drawer DD, Astesia, NM \$2210		Sa	nta Fe, New I		04-2088					
DISTRICT III 1000 Rio Banaos Rd., Aziec, NM \$7410										
r · · ·			OR ALLOWA				Y			
L. Operator						We	API No.		/	
ARCO 011 and Gas	Company	у					3(	0-025-//	104 V	
Address P.O. Box 1710 - 1	Hobbe.	New Me	xico 8824	1-1710						
Resson(s) for Filing (Check proper box)					ber (Please exp	lain) Cha	ange Well	L Name Fro	0	
New Well U Recompletion	Oil		Transporter of: Dry Gas			CK	RL5ON	AFE	D. #1	
Change in Operator	Casinghea	d Gas 🔲	Condensate			Eff	fective:	1/1/93		
l change of operator give same ad address of previous operator										
L DESCRIPTION OF WELL	AND LE	ASE						···· • • • • • • • • • • • • • • • • •		
Lease Name	<b>Λ</b> 11	Well No. 21	Pool Name, Inclu Justis Bl	÷	the Drin		d of Lease , Federal or-		n Na 0945	
South Justis Unit "	<u> </u>	~1	JUSTIS DI	Inebry I	JUD DI III	<u>Nalu</u>	<u> </u>	<u> </u>	0 /43	
Unit Letter	_: 190	80	Feet From The	504TH Lin	e and <u>33</u>	0	Feet From The	EAST	Line	
Section 23 Townshi	ip 255	s	Range 3	7EN	MPM,	Le	a		County	
						<u>~</u> ~				
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conden		Address (Gin	e address to w	hich approv	ed copy of this	form is to be sent	, ]	
Texas New Mexico Pipel	LXJ Line_Com	ipany_			x 2528 -					
tame of Authorized Transporter of Casin,	ghead Gas	$\mathbf{x}$	or Dry Gas	1	<b>e address to w</b> ox 3000 -			<b>form is to be sent</b> , 102	)	
Texaco Exploration and f well produces oil or liquids,	Unit	Sec.	Twp.   Rge	. Is gas actual	y connected?		:1 ?			
ive location of tanks.	IZI	23	25 37		<u> </u>	I	10/	3/6/	]	
this production is commingled with that V. COMPLETION DATA	from my our	er Hellie of J	poor, give comming							
Designate Type of Completion	. 00	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'V	Diff Res'v	
Designate Type of Completion	Date Comp	L. Ready 10	Prod.	Total Depth		l	P.B.T.D.	1		
				Top Oil/Gas			Daline Der	-4		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Tuoing Dep	Tubing Depth			
uforations	<u></u>						Depth Casis	ng Shoe	-	
	T	UBING	CASING AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
						· · · · · · · · · ·	1			
TEST DATA AND REQUES	TEOPA	ILOWA	RIF						J	
LWELL (Test must be after n	ECOVERY of tot	al volume a	of load oil and mus	t be equal to or	exceed top allo	wable for th	is depth or be	for full 24 hours.)	·	
te First New Oil Run To Tank	Date of Test	1		Producing Me	thod (Flow, pu	mp, gas lift,	etc.)			
rages of Test	Tubing Pressure			Casing Pressure			Choke Size			
				Water - Bbla		<u></u>	Gas- MCF			
tual Prod. During Test	Oil - Bbls.			······································				<u></u>		
AS WELL	L									
tual Frod. Test - MCF/D	Length of To	oal	<u> </u>	Bbls. Condens	ale/MMCF		Gravity of C	Condensate		
sting Method (pilot, back pr.)	Tubing Pres	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
				<u>ار</u>			<u> </u>	<u> </u>		
L OPERATOR CERTIFICA i hereby contify that the rules and regula				c	<b>IL CON</b>	SERV	ATION I	DIVISION	}	
Division have been complied with and t	hat the inform	natica giver	above				JAN - '	7 1997		
is true and complete to the best of my k	howledge and	DCINE.		Date	Approved	1		- 1000	<u> </u>	
fam Colin					ORIGINAL S	IGNED B	Y JERRY SE	XTON		
Signature James D. Cogburn	Opera	tions	Coordinato		BIST	MOTISU	PERVISOR			
Printed Name			Title	11						
Det 1-1-93			<u>391–1621</u> hone No.					_		
									ومنابعتهم	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

1





Job separation sheet

Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbe, NM \$4240 DISTRICT II	Eragy, Minerals and P OIL CONSERV	New Mexico Natural Resources Department.	) Form C-104 Revised 1-1-89 See Instructions at Bottom of Pag.			
P.O. Drawer DD, Artesia, NM \$8210		Box 2088 Mexico 87504-2088				
DISTRICT III 1000 Ruo Brizos Rd., Aztec, NM 87-	410		<b>-</b>			
L	REQUEST FOR ALLOW	ABLE AND AUTHORIZATI	ON			
Operator			Well API No.			
ARCO OIL AND GAS C	OMPANY		30-025-11704			
Address P. O. BOX 1710, HO	BBS, NEW MEXICO 88240					
Reason(4) for Filing (Check proper be New Well		Cother (Please explain) EFFECTIVE DATE	MAY 0 1 1992			
and address of previous operator		R-9745 11/18	12			
I. DESCRIPTION OF WEI Lease Name	Well No. Pool Name, Incl	uding Formation	Kind of Lease No.			
CARLSON A FEDERAL	1 JUSTIS E	BLINEBRY Jubb Drinkard	State, Federal or Fee FED			
Unit Letter		SOUTH Line and330	Feet From TheLi			
Section 23 Town	aship 255 Range	37E , NMPM,	LEA County			
II. DESIGNATION OF TO	ANSPORTER OF OIL AND NAT	URAL GAS				
Name of Authorized Transporter of O		Address (Give address to which appr	oved copy of this form is to be sent)			
Texas New Mexico Pip	eline Co.	P. O. Box 2528. Hob				
Name of Authorized Transporter of Ca <u>Texaco</u> Exp. and Prod		Address (Give address to which appr P, O, Box 3000, Tul				
l' well produces oil or liquids,	Unit Sec. Twp. Rg		Vben ?			
ive location of tanks.	I 23 25 37	YES	10/3/61			
<b>Use production is commingled with t</b> V. COMPLETION DATA	hat from any other lease or pool, give commin	New Well Workover Deep	en Plug Back Same Res'v Diff Res'v			
Designate Type of Completion		New Well Workover   Deep	ea   riug back  Salike Kesv   Dill Kesv			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Devations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Cas Pay	Tubing Depth			
	Name of Fronding Politication					
enorations			Depth Casing Shoe			
	TUBING, CASING ANT	CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
TEST DATA AND REQU	EST FOR ALLOWABLE	a he could be as maded for allowable for	this depth on he for full 24 hours 1			
IL WELL (Test must be after ate First New Oil Rus To Tank	r recovery of total volume of load oil and mu Date of Test	Producing Method (Flow, pump, gas 1	jî, elc.)			
			Choke Size			
nigth of Test	Tubing Pressure	Casing Pressure	Carona UILE			
ctual Prod. During Test	Oil - Bbis.	Water - Bbia.	Gas- MCF			
AS WELL stual Frod Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
sting Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
L OPERATOR CERTIFIC I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of my	d that the information given above	OIL CONSER Date Approved	VATION DIVISION			
A. O.		Orig. Signed by				
Siland City		By <u>Paul</u> Geo	Kautz logist			
James D. Cogburn, O Printed Name	perations Coordinator					
		Title				
MAY 0 1 1992	<u>392-1600</u> Telephone No.	1				

1) Request for allow: he 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 gut 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.

## RECEIVED MAY 0.7 1992

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