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

DULL OF LICH WITH F-rgy, Minerals and Natural Resources Department

Revised 1-1-29 See Instruction

DISTRICT # 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

L.	LANDIN		Wall	API No.									
Operator ARCO OIL & GAS COMPANY							30 025 //706						
Address P. O. BOX 1710 HOBBS, NEW MEXICO 88240													
Resecut(s) for Filing (Check proper box) V. Other (Please explain)													
New Well		Change in	Tras	sport	er of:			(a.a.					
Recompletion	Oil		Dry	Gas	므	ADD T	ADD TRANSPORTER (GAS)						
Change in Operator	Casinghea	d Gas 🗌	Con	dens	150								
if change of operator give name and address of previous operator													
IL DESCRIPTION OF WELL	AND LEA	SE											
Lesse Name Well No. Pool Nam					Name, Including Formation			920	Kind of Lease State, Federal or Fee		mae No.		
SOUTH JUSTIS UNIT "C" 21 JUSTIS BLINERRY TURB DRINKARD LACOGO945													
Location	ıa	80		_		94TH Lin	/6	50 E	er Error The	EAST	Line		
Unit Letter	.: <i>LI</i>	00	. Fect	From	n 194 57	<u> </u>	: and	r	ex Prout the .	75-5-5			
Section 2.3 Township	25	S	Ran	ge_	37	E N	MPM,	L	EA		County		
						_							
III. DESIGNATION OF TRAN	RAL GAS	a address to	hick comme	com of this f	arm is to he -	ent)							
Name of Authorized Transporter of Oil XXX or Condensate							Address (Give address to which approved copy of this form is to be sent)						
TEXAS NEW MEXICO PIPELINE COMPANY Name of Authorized Transporter of Casinghead Gas Or Dry Gas							P. O. BOX 2528 HOBBS, NEW MEXICO 88241 Address (Give arthress to which approved copy of this form is to be sent) P. O. BOX 1226 Jal, N.M. 88252						
Vame of Authorized Transporter of Casinghead Gas X or Dry Gas STOR RICHARDSON CARBON & GASOLINE CO.							1225 J ox 3000	al,"N.M	. '88252 Ok. 74102				
TEXACO EXPLORATION If well produces oil or liquids,	TATE OF THE PERSON OF THE PERS					ls gas actuall		When					
give location of tanks.	i i				Yes		1						
If this production is commingled with that f	on my oth	er lease or	pool,	give	comming	ling order numb	xer:						
IV. COMPLETION DATA								1 5	(le	Distribution of		
Designate Type of Completion	. 00	Oil Meil	ļ	Ge	s Well	New Well	Workover	Deepea	I Link Rect	Same Res'v	Diff Res'v		
		i Ready to	Prod			Total Depth		l	P.B.T.D.	1			
Date Spudded	Date Compl. Ready to Prod.												
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Cas	Pay		Tubing Depth				
						<u> </u>			Depth Casing Shoe				
Perforations									Depui Casin	g Shoe			
							CENTENTING PECOPD						
	TUBING, CASING AND CASING & TUBING SIZE					CEMENTE	DEPTH SET	<u>. </u>	SACKS CEMENT				
HOLE SIZE	CASING & FURID SIZE					 	<u> </u>						
						<u> </u>			<u> </u>				
V. TEST DATA AND REQUES	T FOR A	LLOW	ABL	E		مم مه امست	moved ton all	men his for this	e denth ar he :	for full 24 hou	es)		
OIL WELL (Test most be ofter to	Date of Tel		oj 100	ia ou	ana mus	Producing Me	shed (Flow, p	mp, gas lift, d	sc.)				
Date First New Oil Rua To Tank	Date of 161												
Length of Test	Tubing Pressure					Casing Press	ire		Choke Size				
									Gas- MCF				
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.			OIL MCF				
	<u> </u>					<u> </u>			<u> </u>				
GAS WELL									Territor of t	Sandanana			
Actual Frod Test - MCF/D	Length of Test					Bbis. Conden	BAIC/MIMCP		Gravity of Condensate				
						Casing Press	ire (Shut-ia)		Choke Size				
Testing Method (pitot, back pr.)	Method (pitot, back pr.) Tubing Pressure (Shut-in)												
	ATTE OF	COM	T 1 A	NI	~C	<u> </u>							
VI. OPERATOR CERTIFIC	AIE UF	COMIL	valion		ناد	11	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							uut 1 9 1003						
is true and complete to the best of my knowledge and belief.						Date ApprovedJUL 19 1993							
	1	• •											
Janual Cagh	By_	ByORIGINAL SIGNED BY JERRY SEXTON											
JAMES COGBURN OPERATIONS COORDINATOR						DISTRICT I SUPERVISOR							
Printed Name			Title			Title							
6/21/93	(505)	391-16	521 phon	a Nin									
Dute		1 460	74.00	. 140	·			التكايل المساعدة					

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) FIII 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.

RECEIVED

JUN 8 1 1993

OCD HUDES OFFICE