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

PIETE OF LICH WEYEN y, Minerals and Natural Resources Departm

DISTRICT # P.O. Drawer DD, Astonia, NM \$1210

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

DISTRICT III
1000 Rio Bassos Rd., Astoc, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L.	•	TO TRA	ANSP(ORT OIL	AND NAT	TURAL GA	<u>US</u>	W-17	 			
Operator				Well API No.								
ARCO OIL & GAS COMPANY						30 025 //7//						
Address	110 D D (MENT		88240							
P. O. BOX 1710	HORBS	s, NEW	WEXI			s (Please explo						
Resson(s) for Filing (Check proper box)		Change in	Transpo	eter of:	<u>بر</u>	. (
New Well	Oil	· ·	Dry Ga		ADD TI	RANSPORTI	ER (GAS)					
Recompletion		d G≥4 🔲							X			
Change in Operator L. If change of operator give name	Calaigna											
and address of previous operator												
IL DESCRIPTION OF WELL	AND LE	ASE										
Lesse Name	U (D DD	Well No.	Pool N	ame, Includ				d of Lease No.				
SOUTH JUSTIS UNIT							KARD Sinte,	Pederal or Fe	U E			
Location												
Unit LetterA	. 99	0	Feet Fr	om The AL	ORTH Line	and33	O Fo	et From The	FA 57	Lise		
Out Date:	- · 									_		
Section 23 Township	, 25	<u> </u>	Range	37	E NA	APM,	<u>L</u>	EA		County		
					D.1. C.1.C							
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	U NATU	KAL GAS	address to wh	ich approud	copy of this	form is to be se	sd)		
Name of Authorized Transporter of Oil	<u></u>	or Conde			1					i		
TEXAS NEW MEXICO P			ANY or Dry	Get [Address (Give	x 2528	ich approved	copy of this	form is to be se	(()		
Name of Authorized Transporter of Casing SID RICHARDSON CAR TEXACO EXPLORATION	BON_&	GASQLI	NE CO	<u>⊶</u>	B.O.Rox	1226 w	al, N.M	. 88252 OL 7/	102	-		
	Voit	Sec.	Twp	Roe	is gas actually			sa, Ok. 74102 Whea?				
If well produces oil or liquids, give location of tanks.	l OEX) 	· - r		Yes		i					
If this production is commingled with that I	from any oth	er lease or	pool giv	re comming	ling order numb	er.						
IV. COMPLETION DATA	10m any 04		F-		•							
IV. COMBEDITOR DITTO		Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Resv		
Designate Type of Completion	- (X)	i	ĺ				<u> </u>	<u> </u>	<u> </u>			
Data Spudded	Date Com	pl. Ready u	o Prod.		Total Depth			P.B.T.D.				
•					Top Oil/Gas I							
Elevations (DF, RKB, RT, GR, etc.)	KB, RT, GR, etc.) Name of Producing Formation					ay		Tubing Dep	xth			
					<u> </u>			Depth Casi	ne Shoe			
Perforations												
		- ID D16	O A CT	NC AND	CEMENTE	IC PEMP	n	<u> </u>				
					CEMIENTE	DEPTH SET	<u> </u>	T	SACKS CEM	ENT		
HOLE SIZE	- CA	SING & TI	UBING	3126								
	 				<u> </u>							
	 											
	 									ل. ــــــــــــــــــــــــــــــــــــ		
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE							_		
OIL WELL (Test must be ofter to	ecovery of w	otal volume	of load	oil and mus	be equal to or	exceed top allo	mable for this	e depth or be	for full 24 hou	rs.)		
Date First New Oil Rua To Tank	Date of Te	a d			Producing Me	shod (Flow, pu	ωά' for iti' e	sc.)		•		
	<u> </u>							Choke Size	Choke Size			
Length of Test	Tubing Pro	essife			Casing Pressure							
					Water - Bbis.			Gas- MCF				
Actual Prod. During Test	Ouring Test Oil - Bbls.											
	<u> </u>				<u> </u>			<u> </u>				
GAS WELL					TRUE Parks			Convity of	Condensate			
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condensate/MMCF			Gava, a Gasar				
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
Testing Method (pitot, back pr.)	Tubing Pr	esaure (200	x-m)		Canada	4 (0 2-)						
	1				٦							
VI. OPERATOR CERTIFIC	ATE OF	F COM	PLIA	NCE	(DIL CON	ISERV	ATION	DIVISIO	N		
t hands confly that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.					Data Approved IIII 1 9 1003							
IS IT OF EED COMPLEX IN SIC OCK OF MY SHOWN AND AND ADDRESS.						Date Approved						
Signed Contraction Contraction					By_	ORIGIN	AL SIGNE	RR3L YO C	Y SEXTON			
JAMES COGBURN /	OPERA'	TIONS		DINATOR								
Printed Name Tale 6/2//93 (505) 391-1621					Title							
6/21/93	(505)	<u> </u>	621 lepbons l	No.								
Deta		100		***			الأنكار بالمحاصر			المراجعة والمراجعة		

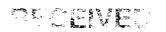
INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.



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

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aziec, NM \$7410	REQUEST FO	OR ALLOWAE	LE AND A	AUTHORIZ FURAL GA	ZATION IS			
o Operator		Well API No.						
ARCO 011 and Gas	Company					30-	-025- //	711
Address		vico 88241	-1710					
P.O. Box 1710 - H. Reason(s) for Filing (Check proper box)	odds, New Me.	AICO OULTI	X Othe	s (Please explo	(A) Chan	ge Well	Name Fro	om.
New Well	Change in	Transporter of:	-		WIMB	FRLY	T 4	#2
Recompletion	où 🛚	Dry Gas				. •		
Change in Operator	Casinghead Gas	Condensate			Effe	ctive:	1-1-	93
f change of operator give name and address of previous operator								
L DESCRIPTION OF WELL	AND LEASE	1			l Visa	(Lesse	_ 1 14	ase No.
Lease Name	Well No.	Pool Name, Includi		1.1. D41e	0-4	Federal or Fe		ARE IVO.
South Justis Unit " ${\cal J}$	19	Justis Bli	nebry lu	DD DETHK	aru		<u> </u>	
Location Unit Letter	: 990	Feet From The N	ORTH Line	and 334	2 Fe	et From The .	EAST	Line
Section 23 Township	258	Range 37	e ,n	грм,	Lea			County
III. DESIGNATION OF TRANS	SPORTER OF O	IL AND NATU	RAL GAS	oddress to wh	ich approved	copy of this f	orm is so be se	nt)
Name of Authorized Transporter of Oil	X or Conce		MUCH COS (OTH	ox 2528				
Texas New Mexico Pipel	ine Company	or Dry Cas	Address (Giw	OX 17/8	ich approved	copy of this f	orm is to be se	rt)
Name of Authorized Transporter of Casing		,	•	ox 1226				
Sid Richardson Carbon	<u>end Gasoline</u> Unit Sec.	Two Rec	is gas actually		When	7	,	
If well produces oil or liquids, rive location of tanks.	1 A 1 23	25 37	YE			VNKNOWN		
e a to a decade a la committad a sith that f	from any other lease or	pool, give comming	ing order numb	er:				
IV. COMPLETION DATA	r mruaros	ON GASOLI	NE CO.	Eff. 3/1/9	93	,	-,	
	Oil Well	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)	1	I Date of the second				<u> </u>	<u> </u>
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	ormatica.	Top Oil/Gas Pay			Tubing Depth		
Perforations	1					Depth Casin	ng Shoe	
	TUBING	CASING AND	CEMENTI	NG RECOR	<u> </u>	,		
HOLE SIZE	CASING & TI			DEPTH SET			SACKS CEME	NT
11000						ļ	 	
						 		
						 		
		4 D 1 E				L		
V. TEST DATA AND REQUES	ST FOR ALLOW ecovery of total volume	VRITE	he emed to or	exceed ton allo	wable for this	depth or be	for full 24 hour	7.)
OIL WELL (Test must be after r		of load oil and must	Producing Me	thod (Flow, pu	np, gas lift, e	<i>(c.)</i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date First New Oil Rua To Tank	Date of Test							
Leagth of Test	Tubing Pressure		Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Water - Bbla			Gas- MCF			
GAS WELL	<u></u>		L					
Actual Prod. Test - MCF/D	Length of Test		Bols. Conden	nte/MMCF		Gravity of	Condensate	
			Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	Casing Pressu	irė (Sbur-ib)	dir-re)				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul	ations of the Oil Coase	evation	C	OIL CON	SERV	ATION	DIVISIO	N
Division have been complied with and is true and complete to the best of my	unat the information gives knowledge and belief.	THE BUTT	Date	Annrove	1	JAN -	7 1993 🚶	1
/ /	II Dale Approved							
famel.	By ORIGINAL RENED BY JELLY SEXTON							
Semes D. Cooburn - O	perations Co	ordinator_	-,-		A TOP TO A	and the day		
Printed Name		Title 391-1600	Title		×	A 8 8 9 9	# 20 to .	
Date / /- Q.3		ephone No.	FOR	R RECO	ンドン	ONL	7.	on on the

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.
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RECEIVED

APR 2 5 1993

OCD HORDS TO Ja

Appropriate Danna DISTRICT! P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT # P.O. Drawer DD, Ascella, NM 88210	P.O. Box 20 Santa Fe, New Mexico	/88 87504-2088	
DISTRICT III 1000 Rio Brezos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABLE A	D NATURAL GAS	
L	10 110 110	Well API No.	/
Operator		30-025- // 7 //	
ARCO 011 and Gas	Company	30-029 11 / 11	
Address P.O. Box 1710 - 1	Hobbs, New Mexico 88241-17	Other (Please explain) Change Well Name From	
Reason(s) for Filing (Check proper box)	نب		7
New Well	Change in Transporter of:	WIMBERLY JH #2	
Recompletion Change in Operator	Oil Dry Gas Casinghead Gas Condensate	Effective: 1-1-93	
If change of operator give name			
and address of previous operator			
H DESCRIPTION OF WELL	AND LEASE		

ARCO 011 and Gas	Compan	ıy							025 11	<i></i>		
Adress			vico	88241	-1710							
P.O. Box 1710 - H Reason(s) for Filing (Check proper box)	obbs,	NEW ME	ATCU	_ 55241	X Ou	er (Please expla	ம்) Chan	ge Well	Name Fr			
New Well		Change is					WIMBL	FRLY	J H	#2		
Recompletion	Oii	Oil Dry Gas Casinghead Gas Condensate					Effective: /-/-93					
Change in Operator	Casinghe	ad Gas	Conden	ians []			EILE	CLIVE				
change of operator give name ad address or previous operator												
L DESCRIPTION OF WELL	AND LE	EASE					l Wind	<u> </u>		ease No.		
Lesse Name		Mell Mor	Pool N	ame, Includi	ng Formation		0	of Lease Federal of Fed		250 140.		
South Justis Unit " ${\cal J}$) 11	19	Just	tis Bli	nebry Tu	bb Drink	ard		<u>l</u>			
Location	_	90		- N	DRTH 1:-	e and _33	Ø Fe	et From The.	EAST	Line		
Unit LetterA	_:/	10	_ Feet Fr	com the	<u> </u>	, and						
Section 23 Township	2.	58	Range	37	E N	MPM,	<u>Lea</u>			County		
			A & T	m NIATEI	DAI CAS							
II. DESIGNATION OF TRAN	SPORT	or Conde	IL AN	DNATU	Address (Gir	e address to wi	tich approved	copy of this f	orm is so be se	nt)		
Name of Authorized Transporter of Oil					P.0.	30x 2528	- Hobbs	NM 8	38241-25	28		
Texas New Mexico Pipel Name of Authorized Transporter of Casing	ghead Gas		or Dry	Gu 🗀		e address to wh				nt)		
Sid Richardson Carbon	and G	<u>asoline</u>	Comp	pany	P.O.	y connected?	- Jal, When	NM 88252				
If well produces oil or liquids,	Unit	Sec. 23	125	1 ,	4 1		i	VNKNOWN				
give location of tanks. If this production is commingled with that	I A	wher least of										
V. COMPLETION DATA	110111 = 1,7					·	~	No Doob	Same Res'v	Diff Res'v		
		Oil Wel	1 (Gas Well	New Well	Workover	Deepea	Hing Back	l 271115 KER A	Pui Kesv		
Designate Type of Completion	- (X)	mpl. Ready I	o Prod		Total Depth	L	1	P.B.T.D.	<u> </u>			
Date Spudded	Date Co	mps. Keasy i	D 1.00									
Elevations (DF, RKB, RT, GR, esc.)	Name of	Producing F	ormation)	Top Oil/Gas Pay			Tubing Depth				
	PRINCES (DF, NAD, NI, SI, SI,								Depth Casing Shoe			
Perforations									· · · · · · · · · · · · · · · · · · ·			
		TUBING	, CASI	NG AND	CEMENT	NG RECOR	D					
HOLE SIZE	C	ASING & T	UBING	SIZE	DEPTH SET			 	SACKS CEM	ENI		
					 			 				
	 				 							
	 							1				
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE			all	aunhle for the	e denth ar be	for full 24 hou	rs.)		
OIL WELL (Test must be after	recovery of	total volum	e of load	oil and must	Producing N	ethod (Flow, p	ump, gas lift,	uc.)	<u></u>			
Date First New Oil Run To Tank	Date of	Test										
Length of Test	Tubing	Pressure			Casing Pressure			Choke Size				
Euglin or 1000					Water - Bbls			Gas- MCF				
Actual Prod. During Test	Oil - Bb	ols.			Water - Bot	•						
					<u>.l</u>							
GAS WELL	Length	∠ ₹24			Bbls. Coods	ante/MMCF		Gravity of	Condensate			
Actual Prod. Test - MCF/D	Lengun	d im						Choke Size				
Testing Method (pitot, back pr.)	Tubing	Pressure (Sh	ut-m)		Casing Pres	pure (Shut-in)		Choice Size				
					-			<u> </u>				
VL OPERATOR CERTIFIC	CATE	OF COM	PLIA!	NCE	1	OIL CON	NSERV	ATION	DIVISIO	ON		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			JAN - 7 1993									
Division have been complied with and is true and complete to the best of my	knowledge	e and belief.	,	*	Dat	e Approve	ed					
	•	, //	1			• •						
Lamb. Cestion					By_							
Jemes D. Cogburn -		ions Co	ordi	nator_								
Printed Name			1 100	-1600_	Title)						
			olephone									
Date 1-1-93		•	-									

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