ubmit 5 Copies
appropriate District Office
(STRICT)
O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 000 Rio Brizos Rd., Aziec, NM 87410

ISTRICT II O. Drawer DD, Arlesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	HEQUE	TRAI	NSPORT OIL	AND NAT	TURAL GA	S			
* *		7 1100	101 0111 012			THE COLL	PINO		
Operator	NV			_		3	<u>0-02;</u>	5-117	1)
ARCO OIL AND GAS COMPA	1111								
BOX 1710, HOBBS, NEW 1	1EXICO	88240							
Reason(s) for Filing (Check proper box)				Othe	a (Please explai	A)			
New Well	C		Transporter of:					la:	
Recompletion .	Oil		Dry Gas 📙	EF	FECTIVE:	-4/1/9() 11/1	14	
Change is Operator	Casinghead (Gas JX	Condentate [_]						
change of operator give name	_						 		
ad address of previous operator		183		R	-9745	11/1/9	12		
L DESCRIPTION OF WELL A	IND LEAS	Vall No	Pool Name, Includi	ng Formation	Tulil	Kind o	(Lesse	L	esse Na
case Name	'	2	Justis .	Blinebi	ry Drin	karde.	Federal or Fe	<u> </u>	
Wimberly JH					,				
Location A	90	10	Fed From The No	orth Line	and 330	Fe	et From The.	Fasi	Line
Unit Letter	. :: . ~								}
Section 23 Township	255	<u> </u>	Range 374	<u> </u>	VPM,	Leo	<u> </u>		County
				n.1 C16					
U. DESIGNATION OF TRANS	SPORTER	OF OI or Conden	L AND NATU	Address (Giw	e address to wh	ich approved	copy of this f	orm is to be st	ent)
Name of Authorized Transporter of Oil	ച പ	n coulous	_ [_]		Car 252				
Texas New Mexico	Pipelin	<u>د ده.</u>	or Dry Gas	Address (Give	e address to wh	ich approved	copy of this f	orm is to be se	end)
Name of Authorized Transporter of Caring	thead Gas				ox 1226,				
Sid Richardson Carbon &	Gasolli Unit S	sec.	Two Rge.	Is gas actually	y connected?	When	7		
If well produces oil or liquide,	A	23	255 37F	yes) 	<u>u</u>	<u>nkn cw</u>	1	
f this production is commingled with that f	from any other	lease or	ool, give comming	ling order numb	ber:				
V. COMPLETION DATA	101.1 — 7	•						la 9 1	Diff Res'v
		Oil Well	Gas Well	New Well	Workover	Deepen	Ling Brick	Same Res'v	Jan Res V
Designate Type of Completion	- (X)	L'3		Total Depth	<u> </u>	<u> </u>	P.B.T.D.	J	
Date Spudded	Date Compi.	. Ready 10	PTOG.	1					
	Name of Pro	ducine Fo	ermetion	Top Oil/Cas	Pay		Tubing Dep	¢.	
Elevations (DF, RKB, RT, GR, etc.)	Name or 110	totally 1					<u> </u>		
Perforations	1						Depth Casin	rå 2006	ļ
raio succes							<u> </u>		
	π	JBING,	CASING AND	CEMENTI	NG RECOR	<u> </u>	T	SACKS CEM	ENT
HOLE SIZE	CAS	ING & TU	IBING SIZE	DEPTH SET SACKS C		SACINO CEIM	,		
]			 			 		
				 			 		
				 					
The second of th	CT FOR A	LLOW	ABLE	.L					_
V. TEST DATA AND REQUES OIL WELL (Test must be after to	secmen of lot	al volume	of load oil and mus	1 be equal to or	exceed top allo	mable for thi	s depth or be	for full 24 hou	<i>σ</i> 3.)
Date First New Oil Run To Tank	Date of Tes			Producing M	lethod (Flow, pu	mφ, gas igi, i	uc.)		
Late Fire few on Rus 10 1-							Choke Size		
Length of Test	Tubing Pres	nia		Casing Press	ure				
:				Water - Bbls			Gas- MCF		
Actual Prod. During Test	Oil - Bbls								
GAS WELL				Bbls Conde	nate/MMCF		Gravity of	Condensate	
Actual Prod. Test - MCF/D	Length of I	OSE					ļ		
	Tubing Pres	soure (Shu	(-in)	Casing Press	sure (Shut-ia)		Choke Size	1	
Testing Method (pitot, back pr.)	10010		•				<u> </u>		
VL OPERATOR CERTIFIC	ATE OF	COM	PLIANCE		OIL CON	ICEDV	ATION	DIVISIO	NC
VI. OPERATOR CERTIFIC	'WIE OF	Oil Coose	rvation		OIL CON	40EUA	AHON		
I hereby certify that the rules and regularization have been complied with and		U	ven above						
is true and complete to the best of my	knowledge ar	ed belief.		Date	e Approve	d			
					- Adimini	இத்து நெள்ளார்	وسنستون وروجي		
fam Cas	han			By_		N. SMARTARS	- 多子 3年間的 ⁵ 	SEXTON	
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	MILITOLIC			Title)				
1/27/90 11/5/91		3	92-3551						
Dete		Te	lephone No.				كالا والمراجع		

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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OIL CONSERVATION DIVISION P.O. Box 2088

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REQUEST FOR ALLOWABLE AND AUTHORIZATION

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MEXICO 88240	Other (Please explain)			
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c Pipeline Co.	AMPRIA (Give act ess to which approve	d copy of this form is to be send)		
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	Well No. Pool Name, Included 2 Unstis, 1 Relations of Producing Formations Well No. Pool Name, Include 2 Unstis, 1 Relations	Change in Transporter of: Oil Dry Gas EFFECTIVE: 4/1/9 AND LEASE II//92 K-9795 Well No. Pool Name, Including Formation 2 Dust's, Tubb Drink and State Blinkbry POOL Feet From The North Line and 330 F Range 37 F, NMPM, Lea RSPORTER OF OIL AND NATURAL GAS RS		

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