

Submit 5 Copies  
Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240  
**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210  
**DISTRICT III**  
3000 Rio Brazos Rd., Aztec, NM 87410

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>ARCO OIL AND GAS COMPANY</b>		Well API No. <b>30-025-11711</b>
Address <b>BOX 1710, HOBBS, NEW MEXICO 88240</b>		
<input type="checkbox"/> Other (Please explain)		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	EFFECTIVE: <del>4/1/90</del> <b>11/1/91</b>
Recompletion <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
Change of operator give name and address of previous operator		

**I. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Wimberly JH</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Justis Blinbry Drinker</b>	Kind of Lease State, Federal or <input checked="" type="radio"/> Fee	Lease No.
Location Unit Letter <b>A</b> : <b>990</b> Feet From The <b>North</b> Line and <b>330</b> Feet From The <b>East</b> Line Section <b>23</b> Township <b>25S</b> Range <b>37E</b> , <b>NMPM</b> , <b>Lea</b> County				

**II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas New Mexico Pipeline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2528, Hobbs, NM 88240</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Sid Richardson Carbon &amp; Gasoline Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1226, Jal, NM 88252</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>23</b>
	Twp. <b>25S</b>	Rge. <b>37E</b>
	Is gas actually connected? <b>Yes</b>	When? <b>Unknown</b>

If this production is commingled with that from any other lease or pool, give commingling order number.

**V. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
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/Gas Pay		Tubing Depth			
Perforations			Depth Casing Shoe					

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**V. TEST DATA AND REQUEST FOR ALLOWABLE**  
**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)


Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature   
James D. Cogburn, Administrative Supervisor  
Printed Name  
Date **11/5/91**  
Telephone No. **392-3551**

**OIL CONSERVATION DIVISION**

Date Approved **11/1/91**

By **ORIGINAL SIGNED BY JERRY SEXTON**

Title

- 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.

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STRICTLY  
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Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Signature <u>James D. Cogburn</u>	Title Administrative Supervisor
Printed Name <u>James D. Cogburn</u>	Telephone No. 392-3551
Date <u>7/27/90</u>	

OIL CONSERVATION DIVISION	
Date Approved _____	
By _____	JERRY SEXTON
Title _____	

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