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

State of New Mexico Energy, Minerals and Natural Resources Department

See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRIC 1000 Rio	<u>ГЩ</u> Вга <i>хо</i> в	Rd, Aziec,	NM	87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Bo Santa Fe, New Mo	ox 2088 exico 87504-2088				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			TION			
1000 KIO BIRIZOR Kat, Aziec, Milit 97410	REQUEST FOR ALLOWAE	AND NATURAL GAS	11011			
	TO THANSPORT OIL	ANDINITOR	Well API No.			
Operator ARCO Oil an	d Gas (A		30-025-11711			
Address				•		
P. O. Box 1	710, Hobbs, NM 8824	40 X Other (Please explain)	Change Lease	Name		
Reason(s) for Filing (Check proper box)	Change in Transporter of:	Previous name	Wimberly			
New Well	Oil Dry Gas	Effective	3/14/90			
Recompletion	Capinghead Gas Condensate					
f change of operator give name ad address of previous operator	John H. Hendrix Corp	., 223 W. Wall,	Suite 525, M	idland, TX 797		
I. DESCRIPTION OF WELL	AND LEASE Well No. Pool Name, Include	ing Formation	Kind of Lease Fee	Lease No.		
Lesse Name Wimberly JF		s Tubb Drinkard	State, Federal or Fee			
Location			20	Pact Um		
Unit Letter A	: 990 Feet From The	Northine and3	30 Feet From The	East Une		
	ip 25S Range 3	7E NMPM,	Lea	County		
0000	<u> </u>			1 1 1		
II. DESIGNATION OF TRAI	NSPORTER OF OIL AND NATU	RAL GAS Address (Give address to which	approved copy of this form	s to be serd)		
Name of Authorized Transporter of Oil	Of Congesience	P 0 Box 25	28. Hobbs, NM	88240		
Texas-New I Name of Authorized Transporter of Casin	Mexico Pipeline nghead Gas X or Dry Gas	Address (Give address to which	approved copy of this form i	is to be sent)		
El Paso Na	tural Gas Company	P. O. Box 14	92, El Paso.	TX 79978		
If well produces oil or liquids,	Unit Sec. Twp. Rge		When ?			
rive location of tanks.	<u> H 23 25S 37Е</u>	Yes				
If this production is commingled with the	t from any other lease or pool, give comming	hing Older Business				
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back San	ne Res'v Diff Res'v		
Designate Type of Completion	1 - (X)					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	P	Top Oil/Gas Pay	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					
Perforations			Depth Casing St	i0 t		
		THE PEOPLE				
	TUBING, CASING AND	CEMENTING RECORD DEPTH SET	SAC	KS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEFINACI				
V. TEST DATA AND REQUE	EST FOR ALLOWABLE recove ry of total volume of load oil and mu	w he equal to or exceed loo allow	able for this depth or be for f	ull 24 hours.)		
	Date of Test	Producing Method (Flow, pure	z, gas lift, etc.)			
Date First New Oil Run To Tank	Date of less					
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
		Water - Bbis.	Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	MRIEL - DOIR				
GAS WELL		Bbls. Condensate/MMCF	Gravity of Cone	ensale		
Actual Prod. Test - MCF/D	Length of Test					
Testing Method (pitot, back pr.)	Method (pitot, back pr.) Tubing Pressure (Shut-in)		Choke Size	Choke Size		
· :						
VI. OPERATOR CERTIFI	CATE OF COMPLIANCE	OIL CON!	SERVATION D	VISION		
and the rules and res	rulations of the Oil Conservation		DREE	26 1990		
Distance have been complied with at	nd that the information gives accove	Date Assessed	WH	1 % 0 1000		
is true and complete to the best of m	, movement and owner.	Date Approved				
la all		D.	Orig. Signed by Paul Kautz	1		
Signature	The same of the sa	By	Geologist			
James Coq	burn Admins. Super	Title	-			
Printed Name 3/23/90	(505) 392-355					
Date	Telephone No.					

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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MAR 23 1990

OCD HOBBS OFFICE Submit 5 Copies
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DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

STRICT III 00 Rio Brazos Rd., Aziec, NM 87410	REQUEST FO	R ALLOWAB	LE AND AU	HORIZA	TION			;
	TO TRA	NSPORT OIL	AND NATU	RAL GAS	I Well AP	l No.		
perator	1					25-1171	.1	
ARCO Oil a	nd Gas 🕠				1			
idress P	1710 Vobbe	. NM 882	40					
P. O. BOX eason(s) for Filing (Check proper box)	1710, Hobbs	, IM OUL	N Other (P	lease explain)	Chang	e Lease	Name	
ew Well	Change in	Transporter of:	Pre	vious na	me Wim	berly		
ecompletion \Box	oil 🔲	Dry Gas	Eti	ective	3/_	14/90		
Land in Onemier X		Condensate						لـــــــــــــــــــــــــــــــــــــ
change of operator give name d address of previous operator	ohn H. Hend	rix Corp.	, 223 W.	Wall,	Suite	525,	Midlan	d. TX 79
. DESCRIPTION OF WELL	AND LEASE	Pool Name, Includi	no Formation		Kind of	Lease F	ee u	ane No.
ease Name	١ ۵	Justis	-Blinebr	7	State, F	ederal or Fee	_\	
Wimberly	JH 2	Dustin				•		* .
ocation 3	. 990	Feet From The NO	rth line and	330	Feet	From The	East	Line
Unit LetterA	_:	. Peat From the			•			
Section 23 Townsh	nio 25S	Range 37F	, NMPA	<u> </u>	Lea			County
								1 4 7
II. DESIGNATION OF TRAI	NSPORTER OF O	IL AND NATU	RAL GAS Address (Give ad	امناب ۱۸ ساندا	anwowed o	opy of this fo	rm is to be se	nt) Vill
vame of Authorized Transporter of Oil	X or Conden		MONICON (CITY III					
Texas-New	Mexico Pipe	line	Address (Give ad	Box 2	approved o	opy of this fo	rm is to be se	int)
lame of Authorized Transporter of Casi	nghead Gas [X]	or Dry Cas		Box L				79978
El Paso Na	atural Gas C	ompany	ls gas actually co	BOX L	When 7	i <u>l Fasi</u>	. ₁	
f well produces oil or liquids,	Unit Sec.	Twp. Rge. 255 37E	Yes		1			744
ve location of tanks.	A 23							
this production is commingled with the	t from any other lease or	poor, give consume	ing older amount					78.j
v. COMPLETION DATA	Oil Well	Gas Well	New Well W	orkover	Deepea	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		1 Cas view	1	i	· i			Mught
	Date Compi. Ready to	Prod.	Total Depth			P.B.T.D.		
Date Spudded	Date Conqu. Nowe,							
OF DED DT CD (4)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
levations (DF, RKB, RT, GR, etc.)			14.					
eriorations	L					Depth Casing	3 2poe	
	TUBING	CASING AND	CEMENTING	RECORD			AOVO OFIL	ENT
HOLE SIZE	CASING & T		DE	PTH SET			ACKS CEM	ENI
11000								
			<u> </u>					
			<u></u>			L		
. TEST DATA AND REQUE	ST FOR ALLOW	ABLE			_kla Cau shio	denth or he	ar full 24 hai	urz.)
IL WELL (Test must be after	recovery of solal volume	of load oil and mus	Producing Metho	LEION MAN	n ans lift. el	c.l	<u> </u>	
Date First New Oil Run To Tank	Date of Test		Producing Metho	e in ion, band	L. 93 -1 c.	- 7		ŧ
			Casing Pressure			Choke Size		
Length of Test	Tubing Pressure		Casing Liesante					, !
			Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		ALEKEI - DAIR					
			_1			J		
GAS WELL				- T 11 7 12 12		Gravity of C	onden esta	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensat	MMCF		OUNTRY OF	ARUCHSALS	
			1	28C-3 1-5		Choke Size		
esting Method (pitot, back pr.)	Tubing Pressure (Shu	rin)	Casing Pressure	(Shut-in)		CHOKE SIZE		
and areas there are a first			_ ,			L		
VI. OPERATOR CERTIFI	CATE OF COM	PLIANCE		L CONS	CEDV/	ATION	אטואום	ON .
1 hereby certify that the rules and reg	rulations of the Oil Cons	ervation		L CON	och V/			· · · · · · · · · · · · · · · · · · ·
Distance have been complied with as	nd that the information gr	ven above	1			111	R 26	1990
is true and complete to the best of m	y knowledge and belief.		Date A	pproved	l	MA	160	1000
	- 1		11	• •		o 1 . ~··		
Land Ca	· Com		Ву			Orig. Sign - Paul-K	iea by	
Signature Tamor Co		ing Guno				Geolog		
James Co	gburn Adm	ins. Supe				GCOIOE	,~~ •	
Printed Name 3/23/90	(50	5) 392 <u>–35</u>	5 Title_					
J/ = = 1	100		84					

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