- ubmit \$ Copies ppropriate District Office	State of Net Energy, Minerals and Natur	w Mexico ral Resources Department	Form C-104 Revised 1-1-89 See Instructions
ISTRICT I O. Box 1980, Hobbe, NM 88240	OIL CONSERVA'	TION DIVISION x 2088	at Bottom of Page
O. Drawer DD, Artesia, NM 88210	Santa Fe, New Me	xico 87504-2088	•
<u>)ISTRICT III</u> 000 Rio Brizos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAB	AND NATURAL GAS	
o Operator		Well A	0-025-11712
ARCO OIL AND GAS COMPA	ANY		
BOX 1710, HOBBS, NEW Y	MEXICO 88240	Other (Please explain)	
Reason(s) for Filing (Check proper box) New Well	Change.in Transporter of:		
Recompletion	Oil Dry Gas Caringhead Gas Condensate	EFFECTIVE: 4/1/90	+ 11/19/ .
Change in Operator			
ad address of previous operator			
LEASE NAME Wimberly JH	Well No. Poor Name, meroan		r Lesse Lesse Na Federal or Fee Patente d
Location	2310 Feet From The N	orth Line and 330 For	et From The <u>Fast</u> Line
Unit LetterH)	
Section 73 Township	, 255 Range 37	E, NMPM, Leo	
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS Address (Give address to which approved	copy of this form is to be sent)
Name of Authorized Transporter of Ou		P.D. BOX 2528 N	obbs, NM 88240
Texas New Mexico Name of Authonized Transporter of Caring	thead Gas C or Dry Gas	Address (Give address to which approved	copy of this form is to be sent)
Sid Richardson Carbon &	<u>Gasoline Co</u>	P. O. Box 1226, Jal, N is gas actually connected? When	1
If well produces oil or liquids, rive location of tanks.	H 23 255 37E	yes 1	Inknown
If this production is commingled with that I	from any other lease or pool, give commingli	ing order number. DHC	408
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Designate Type of Completion		Total Depth	P.B.T.D.
	Name of Producing Formation	Top Oil/Cas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, elc.)			Depth Casing Shoe
Perforations			
	TUBING, CASING AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
V. TEST DATA AND REQUES	ST FOR ALLOWABLE		
OIL WELL (Test must be after)	recovery of local volume of local of and the	be equal to or exceed top allowable for the Producing Method (Flow, pump, gas lift,	is depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Oil - Bbls.	Water - Bbla	Gas- MCF
Actual Prod. During Test		<u> </u>	
GAS WELL		Bbla. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-ia)	Choke Size
VL OPERATOR CERTIFIC	CATE OF COMPLIANCE	OIL CONSERV	ATION DIVISION
I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my	ilations of the Oil Conservation I that the information given above	Date Approved	100 WO 1981
		THE REAL PROVIDED BY SEXTON	
Similar James D. Cogburn, Ad	ministrative Supervisor	DISTRICT	SUPERVISOR
Printed Name	Title 392-3551	Title	*
7/27/96 (13)4 Dels	Telephone No.		
 Request for allowable for with Role 111. All sections of this form 	orm is to be filed in compliance with r newly drilled or deepened well mu must be filled out for allowable on II, III, and VI for changes of operato ust be filed for each pool in multiply	new and recompleted wells.	f deviation tests taken in accordance er, or other such changes.