Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.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

79701

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

1000 Rio Brazos Rd., Aztec, NM 8741	HEU	JEST FOR	R ALLO	BAWC	LE AND A	AUTHOR	ZATION				
I. TO TRANSPORT OIL A						TURAL G	AS WAIL	API No.			
Operator						30-025-11712					
ARCO Oil and Gas Co.								025 11			
P. O. Box	1710.	Hobbs.	NM	882	40						
Reason(s) for Filing (Check proper box		HODDS	TALL	002	X Ouhe	r (Please exp	loin) Chan	ge Leas	e Name		
New Well Change in Transporter of:						Previous name Wimberly Effective 3/14/90					
Recompletion	Oil	_ D	ry Gas			FILEC	TIAE _	3/14/90			
Change in Operator	Casingher	id Clas 🔲 C	ondensate	· 🔘							
If change of operator give name and address of previous operator			drix	Cor	p., 223	W. Wa	11, Su	ite_52	5, Mid	land, T	
II. DESCRIPTION OF WEL	L AND LE	ASE			Francisco		Vind.	of Leve Do	tented	esse No	
Lease Name Well No. Pool Name, Includi Wimberly JH 3 Justis									Federal or Fee		
Location			000								
Unit LetterH	:23	10F	eet From	The _N	orth Um	and33	0 Fe	et From The	Eas	Line	
Section 23 Town	hip 2	5S R	ange	37	E,N	лрм,	L	ea		County	
III. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND I	NATUI	RAL GAS					- 12	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be					ent)					
Texas-New	<u>-</u>	P. O. Box 2528, Hobbs. Address (Give address to which approved copy of this				NM 81	8240				
Name of Authorized Transporter of Cas	inghead Gas	X 0	Dry Gas		Address (Give	e address to w	hich approved	copy of this	form is to be s	ent)	
El Paso N				y	P C	Box-	1492 When	<u>Pas</u>	o, TX	79978 -	
If well produces oil or liquids, give location of tanks.	Unit		₩p. ` 25SÎ	37E			i when	•		•	
If this production is commingled with th							ic 408				
IV. COMPLETION DATA	at nom any wa	ici iciic ci po	, g							5.,	
Designate Type of Completio	n - (X)	Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	(DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casis	ng Shoe		
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT			
										.	
										 	
V. TEST DATA AND REQUI	ST FOR A	LLOWAB	LE		_,			J			
OIL WELL (Test must be after	recovery of to	tal volume of	 load oil a	nd must i	be equal to or o	exceed top all	owable for this	depth or be	for full 24 hou	σs.)	
Date First New Oil Run To Tank		Producing Me	thod (Flow, p	emp, gas lift, e	tc.)						
								Choka Size			
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size			
Astrol Bad During Test	OH BLI-	Oil - Bbls.			Water - Bbls.			Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Boil.										
CAR WELL							·	····			
GAS WELL Actual Prod. Test - MCF/D	المعتدية	Ted		1	Bbls, Condens	ale/MMCF		Gravity of G	Condensate		
VEIDS LLOG 168 + MICLAD	renka o	Length of Test			DOIS CONCRESSORY INTRICE						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
Annual Annual Control of the Control											
VI. OPERATOR CERTIFIC	CATE OF	COMPLI	LANCI	E		W 00:	10==:	ATION!	DIV. // C1 /	N	
I hereby certify that the rules and regulations of the Oil Conservation						AL CON	SEKV		DIVISIO		
Division have been complied with and that the information given above					MAR 2 6 1990						
is true and complete to the best of my knowledge and belief.					Date	Approve	d	141/			
									d he		
Simond Cylin					By Orig. Signed by Paul Kauts						
Signuture James Cogburn Admins. Superv					1 Aut Zimer						
Printed Name Title					Title_	·					
3/23/90 Data		Telepho									
Date		1 mehry	.~.		I						

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.

RECEIVED

MAR 23 1990

OCD GFFICE