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

See Instructions at Bottom of Page

01

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L	T	OTRA	NSP	ORT OIL	AND NA	<b>FURAL GA</b>	45	E 1			
ARCO Oil and Gas Co.							Well A	<b>Pi No.</b> )-025-11	714	:	
ARCO Oil and	d Gas	<u>co.</u>								•	
P. O. Box 1	710, H	obbs,	NM	8824	X Ouh	A (Please expla	ain) Chai	nge Leas	se Name		
Reason(s) for Filing (Check proper box)		Change in [	Francesc	orter of:	V Car	Previous	name W	imberly		,	
New Well	Oil	· · ·	Dry Gi	F 1		Effecti	ive	3/14/90			
Recompletion U  Change in Operator	Casinghead		-								
f change of operator give name  John H. Hendrix Corp., 223 W. Wall, Suite 525, Midland, TX 797  ad address of previous operator  John H. Hendrix Corp., 223 W. Wall, Suite 525, Midland, TX 797											
1 DESCRIPTION OF WELL AND LEASE											
Lease Name H Wimberly FED	Com	Well No.	Pool N Ju	iame, Includio Istis (	ng Formation Cloriet	a (Pro		f Lease Faderal or Fe	- 1	ase No.	
Location								•			
Unit LetterH	1	980	Feet F	rom The	<u>lorthu</u>	and66	50 Fe	et From The	East	Line	
Section 23 Township 25S Range 37E NMPM, Lea County											
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate X											
Sun Relining & Marketing Co.   Color of the Control										rd)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X  El Paso Natural Gas Company						P. O. Box 1492, El Paso, TX 79978					
rell produces oil or liquids,   Unit   Sec.   Twp.   Rge.					Is gas actually connected? When ?						
rive location of tanks.			<u>55</u>	37E	Yes						
f this production is commingled with that f	rom any othe	r lease or p	ool, gi	ve commingl	ing order numi	ber:					
V. COMPLETION DATA		lon win		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	- (X)	Oil Well	i	Cas wea	i item item	i waxaa	2070			Mate	
Date Spudded	Total Depth			P.B.T.D.							
	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					u.,						
Perforations								Depth Casin	Depth Casing Shoe		
TUBING, CASING AND C					CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	ļ							<del> </del>			
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE							- 4	
OIL WELL (Test must be after re	covery of lot	al volume o	f load	oil and must	be equal to or	exceed top all	owable for thi	depth or be	for full 24 hou	<u>'s.)</u>	
ale First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure				Casing Press	ıte		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
Villai Lior During Lear	Oli - Doil							<u> </u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
ering menion flanci sees to A								<u> </u>			
L OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation					`		VOLI IV				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved MAR 2 7 1990						
					Drig. Signed by						
Signature James Cogburn Admins. Supervi					By_			Geolo	gist	<del></del>	
James Cogbu	irn A		. Si Title	upervi	or Title			-		•	
3/23/90	( !	505) 3	392	-3551	11116						
Date		Telep	hone l	No.	11						

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.

 $\sqrt[6]{6}$  4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

MAR 23 1990 OCD HOBBS OFFICE