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

## State of New Mexico Energy, Minerals and Natural Resources Department.

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION ORT OIL AND NATURAL GAS

I		UIHA	NOF	JAI OIL	א טווע	AIOIIAE		Well A	PI No.			
Operator									0-025	5-1171	1	
ARCO OIL AND GAS COMP	ANY	<del></del>						<u></u>	<u> </u>			
Address	\	0004	^									
BOX 1710, HOBBS, NEW Reason(s) for Filing (Check proper box)	MEXICO	8824	<u> </u>			ther (Please ex	plain)					
New Well	(	Change in	Transpo	rter of:					•			
Recompletion	Oil		Dry Ga	. 📙		EFFECTIV	E:	11/01	/91			
Change in Operator	Caringhead	Gas 🕠	Conden	sate								
If change of operator give name												
and address of previous operator												
II. DESCRIPTION OF WELL A		SE	<u> </u>		- Fa			Kind o	(Lesse	L	ease No.	
Lease Name		Well No.		ame, Includi	ng romau	b Drink	· // ~	11 0 1	ederal or Fee			
Wimberly WN			<u></u>	<u>ustis</u>	<u> </u>	U DITIN	ure			<del></del>		
Location B	1.1.0			om The N	ا الماء		250	) E	a From The _	East	Line	
Unit Letter	: 66C		Feet Fr	om The	<u>erin</u> l	The and	<u> </u>					
Service 23 Township	25	5	Range	-3	7E .	NMPM,	ea				County	
Section 10waling												
III. DESIGNATION OF TRANS	SPORTER	OF OI	L AN	D NATU	RAL GA	<u>s</u>			name and their de	em je to be se	ent)	
Name of Authorized Transporter of Oil	লে. '	or Conden	ENC		Lateral Age 1	<b></b>	which	approved	Johke	Nns	2740	
Texas New Mexic	c Pro	<u>line</u>	<u>Co.</u>		P. 3	BOX =	م <del>ک</del> عملطین	anno mus d	come of this fo			
Name of Authorized Transporter of Casing			or Dry	Gas							•	
Sid Richardson Carbon &		ne Co	Twp	Pac	P. O.	Box 1226		al, NM When	2			
If well produces oil or liquids,	Unit	Sec.	125	137	1	<u>es</u>		i	Unki	newn		
give location of tanks.  If this production is commingled with that f	mm any othe	Clease or			ing order in	umber:	PC	. JU?	5 9 D	4c 65°	5	
If this production is commingled with that I IV. COMPLETION DATA	IOIII ALLY OUSE	, , VI	hand Br.	, <del></del>							Lane -	
IV. COMBELLION DATA		Oil Well	1	Gas Well	New W	ell Workove	r	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	i	i		<u> </u>						1	
Date Spudded	Date Compl	. Ready to	Prod.		Total Dep	<b>A</b> h			P.B.T.D.			
•	<u> </u>					Top Oil/Gas Pay				Tuhing Denth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				אוט קטו	top om one)				Tubing Depth		
					<u> </u>				Depth Casin	g Shoe		
Perforations												
	77	IRING	CAST	NG AND	CEMEN	TING REC	ORD					
1101 5 0175	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
HOLE SIZE	UAS	,,,,, a 1C			1				<u> </u>		<u> </u>	
										<del></del>		
	<del>                                     </del>								ļ	<del></del>		
					<u> </u>				1			
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE				alla-	able for thi	s depth or be	for full 24 ho	ers.)	
OIL WELL (Test must be after re	ecovery of lot	al volume	of load	oil and mus	Producin	o or exceed top g Method (Flow	v, puru	o, gas lift,	elc.)	•		
Date First New Oil Rus To Tank	Date of Tes	l			Ficultin	D ********** (* ****	7		•			
	This Property				Casing P	Casing Pressure				Choke Size		
Length of Test	Tubing Pressure											
Amend Book Doring Test	Oil - Bbls.				Water - I	Bbls			Gas- MCF			
Actual Prod. During Test	- DOIL				<u></u>							
	<del></del>											
GAS WELL	Length of	est			Bbls. Co	ndensate/MMC	Ŧ		Gravity of	Condensate		
Actual Prod. Test - MCF/D	reakni or i	-										
Testing Method (pitot, back pr.)	Tubing Pre	ssure (Shu	1-in)		Casing F	ressure (Shut-i	n)		Choke Size			
toung mento (puos, ones pr.)												
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE		OII O	<b>○</b> N 1 4	SEDV	ATION	חואופוי	ON.	
VI. UPERATUR CERTIFIC	ations of the	Oil Conse	rvation			OIL C	OIN:	o E M V				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above										NOV 1 2 1991		
is true and complete to the best of my	knowledge ar	d belief.			D	ate Appro	oved				<del>- 1:</del>	
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familogli						y <u> (1816)</u>		A Company	1 1895 Y	SEXTON		
Signature		e Coo	rdin.	ator	11							
James D. Cogburn, Op	eration		1 mie		∥ т	itle				<u></u>		
11/05/91			2-160		Ⅱ '			_				
Date		Tel	ephone	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.