

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

30-025-11717

Form C-104  
Revised 10-01-78  
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator  
ARCO Oil & Gas Company

Address  
Box 1610, Midland, TX 79702

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wimberly WN	Well No. 7	Pool Name, including Formation <del>Justis Blinney</del> Justis Tubb-Drinkard	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter	B	: 660 Feet From The	North Line and	1650 Feet From The East
Line of Section	23	Township	25S	Range 37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company	P. O. Box 1510, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 1384, Jal, NM 88252
If well produces oil or liquids, give location of tanks.	Unit    Sec.    Twp.    Rge.    Is gas actually connected?    When
	0    24    25S    37E    Yes

If this production is commingled with that from any other lease or pool, give commingling order number: PC-263 *DHC-658*

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Ken W Gosnell  
(Signature)

Engr. Tech. 915/688-5672  
(Title)

9-24-87  
(Date)

OIL CONSERVATION DIVISION  
APPROVED OCT 21 1987, 19\_\_\_\_  
BY Eddie W. Seay  
Oil & Gas Inspector  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

**IV. COMPLETION DATA**

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well	Workover	Deepen X	Plug Back	Same Res'v.	Diff. Res X
Date Spudded 8-9-87	Date Compl. Ready to Prod. 9-1-87		Total Depth 6042			P.B.T.D. NA			
Elevations (DF, RKB, RT, GR, etc.) 3094 GR	Name of Producing Formation Blinebry, Tubb-Drinkard		Top Oil/Gas Pay 5111			Tubing Depth 5721			
Perforations 5111-5719, 5776-5880, 5917-6042						Depth Casing Shoe 5917			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	10-3/4		904			610			
	7-5/8		5917			1760			
	2-3/8		5721						

**V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)**

Date First New Oil Run To Tanks 9-1-87	Date of Test 9-18-87	Producing Method (Flow, pump, gas lift, etc.) Pumping		
Length of Test 24 hrs.	Tubing Pressure 40	Casing Pressure 40	Choke Size	
Actual Prod. During Test	Oil - Bbls. 9	Water - Bbls. 60	Gas - MCF 22	

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size