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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

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	<u>T</u>	O TRAN	<u> VSPO</u>	RT OIL	AND NA	IUHAL GA	Vell A	PI No.			
Operator								30-025-11721			
ARCO OIL AND GAS COM	PANY						30-	ULJ-111			
Address										:	
BOX 1710, HOBBS, NEW	<u>MEXICO</u>	88240	1		Oth	A (Please expla	in)				
Reason(s) for Filing (Check proper bax)	,	Change in T	ransport	er of:							
New Well	Oil Dry Gas EFFECTIVE: 11/01/91										
Recompletion											
Change in Operator If change of operator give name											
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE _									
Lease Name	Well No. Pool Name, including				ng Formation			Kind of Lease State, Federal or Fee		ease No.	
IDA WIMBERLY		11	JUST	IS BL.	LNEBRY				e FEE		
Location					COLUMII	660			WEST	_	
Unit LetterL	: 1980 Feet From The SOUTH					Line and Fee:			t From TheLine		
OM 25-2.					37E N	m (LE.	A		County	
Section 24 Township	2.5	05 1	Range		J/L , N:	νPM,					
	CDADTEE	OF OU	AND	NATE	RAL GAS						
III. DESIGNATION OF TRAN	(or Condens	ate ~	- NATO	Address (UI)	e address to wh	ich approved	copy of this f	orm is to be se	(נוע	
Name of Authorized Transporter of Cit X											
Texas New Mexico Pipeline Co. P. O. BOX 2320, HODDS, MI SELECTION OF Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
	P O B	P. O. Box 1226, Jal, M 88252									
Sid Richardson Carbon of well produces oil or liquids,	Unit Sec. Twp. Rge.				Is gas actually connected? Whe			1 ?			
give location of tanks.	D 25 25 37				YES						
If this production is commingled with that f			ool, give	comming	ing order numi	рег					
IV. COMPLETION DATA	10iii —) +=iii										
IV. COM DETION DITTE		Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	İ	Ĺ		L			L	L	<u> </u>	
Date Spudded	Date Compl	. Ready to I	Prod.		Total Depth			P.B.T.D.		1	
					- A122- No.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
								Depth Casing Shoe			
Perforations											
			0 + 00 !	CAND	CEMENTI	NC PECOR		<u>:</u>			
	TUBING, CASING AND				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE										
	 										
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u>. </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after re	ecovery of sol	al volume of	f load oi	l and must	be equal to or	exceed top allo	wable for this	depih or be	for full 24 hou	73.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, pu	mp, gas lift, e	uc.)			
Date Fire New On King to Tena.	Date of Ica										
ength of Test Tubing Pressure					Casing Pressure			Choke Size			
, realist of the								Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Cab- MCF			
					<u></u>			<u> </u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis Conder		Gravity of Condensate				
Actual Flot 1st William							A-1- S				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Towns transce fames and k. A					J			<u> </u>			
VL OPERATOR CERTIFIC	ATE OF	COMPI	IAN	CE		ou ook	.OEDV	ATION		N 1	
VL OPERATOR CERTIFIC	wions of the (Conserv	ation	_		OIL CON	19EHV	AHON	אפועוט	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above									Ţ.		
is true and complete to the best of my knowledge and belief.					Date Approved						
familogher					Rv						
Signature											
James D. Cogburn, Operations Coordinator					Tala						
Printed Name 11/05/91			-1600)	I me						
11/03/91 Date			bone No								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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- 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.