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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, Artesia, NM \$8210

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 NI AND MATHEM GAS

I	T	U THANS	SPORT OIL	AND NA	UNAL OF	Wei	API Na			
Operator CAC COMPANY					30-025-11721					
ARCO OIL AND GAS COMPAN	I									
Address BOX 1710, HOBBS, NEW ME	xico 8	8240			_					
Reason(s) for Filing (Check proper box)				Othe	t (Please explo	úr)				
New Well	(Change in Trai	neporter of:	СНА	NGE OF C	PERATOR	REFFECT	IVE 6/01	/91 AT	
Recompletion	Oil Casinghead	_ `	y Gas		0 A.M. M			<u></u>		
If change of operator give name AMED	ADA HES	S CORPO	RATION, D	RAWER D,	MONUMEN	NT, NM	88265			
and address of previous operator										
IL DESCRIPTION OF WELL	AND LEA	SE Well No. Pox	ol Name, Includin	e Formation		Kind	of Lease	L	ease No.	
Lease Name IDA WIMBERLY	11 JUSTIS BLINER							ederal or Fee FEE		
Location										
Unit LetterL	:66	0 Fee	et From The W	ESTLine	and19	980 F	et From The	SOUTH	Line	
Section 24 Township 25S Range 37E NMPM, LEA County										
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NATUR	RAL GAS			 , ,			
Name of Authorized Transporter of Oil	(X) (or Condensate		AUTO CON				orm is to be se	<i>(11)</i>	
TEXAS NEW MEXICO PIPELINE COMPANY BOX 2528, HOBBS, NM 88240								at)		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					P. O. BOX 1492, EL PASO, TX				·	
EL PASO NATURAL GAS COMPANY Part Part Sec. Twp. Rge.				Is gas actually connected? When?						
f well produces oil or liquids, Unit Sec. Twp. Re- ive location of tanks. D 25 258 37E				YES						
If this production is commingled with that i				ng order numb	er:					
IV. COMPLETION DATA	· ·						l Dr. Dr.A	Same Res'v	Diff Res'v	
T - of Completion		Oil Well	Gas Well	New Well	Workover	Deepen 	Plug Back	Salik Kes v	July Kest	
Designate Type of Completion	Date Compl	. Ready to Pro	l d	Total Depth		L	P.B.T.D.	<u></u>		
Date Spudded										
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil Cas Pay			Tubing Depth			
					Depth Casing Shoe					
Perforations										
		IBING. CA	ASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
1.000 0.20							 			
	 		-							
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE							
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ecovery of iol	al volume of le	oad oil and must	be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes			Producing Me	thod (Flow, pu	emp, gas lýt.	eic.)			
	Casing Pressure Choke Size									
Length of Test Tubing		ubing Pressure								
To the state of th	Oil - Bbls.			Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Boils									
CACHELL	1									
GAS WELL Actual Prod. Test - MCF/D	CF/D Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Actual Floor Test - Most -				(5			Choke Size			
Tosting Method (pitot, back pr.)	Tubing Pres	sure (Shut-m)		Casing Pressure (Shut-in)			Clote 312			
VL OPERATOR CERTIFIC	ATE OF	COMPI I	IANCE		NI 001	ICEDY	ATION	חואופור	NI.	
VL OPERATOR CERTIFIC	ations of the (Oil Conservati	ion.	(JIL CON	42FHA	ATION	DIVISIO	/IN .	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				11		•		1991		
is true and complete to the best of my knowledge and belief.				Date	Approve	d		191 9		
				H						
from glan					By					
James D. Cogburn, Administrative Supervisor										
Printed Name		12	t le -1600	Title						
6/14/91		Telepho								

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.