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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 822 40

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., Azzec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 85210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	ANSPO	ORT O	L AND I	NAT	JHAL G	AS	Wall 4	PI No.			
Operator								!		5-11722			
ARCO OIL AND GAS COM							023 11,12						
BOX 1710, HOBBS, NEW	MEVIC	n 882/	<i>ا</i> ر ۸										
Reason(s) for Filing (Check proper box)	TEALC	<u>U 002</u>	+.V			Other	(Please exp	lain)				ļ	
New Well		Change is	Transpor				7E 0T 11E	, ,	1 /01	/01			
Recompletion	Oil	Oil Dry Gas X EFFECTIVE: 11/01/91 Casinghead Gas Condensate											
Change in Operator	Camphe	20 G28	Concen	are									
If change of operator give name and address of previous operator		 ·· 								,			
II. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name	Well No. Pool Name, Include					ang rounason				Kind of Lease No. Lease No. Lease No. FEE			
IDA WIMBERLY		13	LAN	GLIE N	1ATTIX	SRQ			,		TEL		
Location		220			COUTH		. 330)	_		WEST	, • • • • • • • • • • • • • • • • • • •	
Unit Letter M	_ :	330	_ Feet Fro	om The _	SOUTH	Line a	ba		Fe	et From The		Line	
Section 24 Townshi		25S	Range		37E	, NMI	PM,		LE.	Α		County	
Section 24 Townshi	P	230	Kango					-					
III. DESIGNATION OF TRAN	SPORT	ER OF O	IL AN	D NATU	JRAL G	AS_				6.4.15.4			
Name of Authorized Transporter of Oil		or Conde	neite		Address	(Give a	address 10 w	vhich a	oproved	copy of thus f	orm is to be se	<i>212)</i>	
				C . T	Address	(Cina	ddress 10 x	hich a		come of this f	orm is to be st	ent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent) P. O. Box 1226. In 1. NM 88252							
Sid Richardson Carbon If well produces oil or liquids,	& Gaso Unit	line Co	Twp.	Rge	P. O. Box 1226, Jal. lis gas actually connected?				When?				
give location of tanks.	1			i		165	5		L				
If this production is commingled with that	from any or	her lease or	pool, giv	e commun	gling order	number	·						
IV. COMPLETION DATA								-1 -5		Du - Dack	Same Res'v	Diff Res'v	
Designate Type of Completion	- (30)	Oil Wel	u I C	Jas Well	New W	Vell	Workover	ı u	epen	Ping Dack	Same Kes v	Dill RESV	
		npi. Ready i	o Prod.		Total De	pth L				P.B.T.D.	1		
Date Spudded	Date out	р.: 1											
Elevations (DF, RKB, RT, GR, atc.)	Name of	Producing F	ormation		Top Oil	Top Oil/Gas Pay				Tubing Depth			
										Depth Casing Shoe			
Perforations						Depair Casing Since							
		TIBBIC	CASD	NG ANT	CEMEN	JTTN	G RECO	RD		<u> </u>			
UO 5 0175		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
HOLE SIZE	†	CASING & TOURS SIZE											
											.		
	CO FOR	ALLOW	ADIE							<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	STFOR	ALLUW	ABLE of load o	oil and mu	n be equal i	Lo or La	cceed top al	lowable	for this	depth or be	for full 24 hou	os.)	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of T		. 0) 1000	<u> </u>	Producin	g Meth	od (Flow, p	напр, з	as lift, e	sc.)			
Date that New On Run 10 12mx	Date of less Choke Size												
Length of Test	Tubing P	Tubing Pressure					Casing Pressure						
	<u> </u>	Oil - Bbls.				Water - Bbis.				Gas- MCF			
Actual Prod. During Test	Oil - Bbl												
GAS WELL	THE STATE OF	Tarr			Bbls Co	nden sa	te∕MMCF			Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	Length of Test											
Testing Method (pilot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
estruit strongers (hanne) annua ku A													
VL OPERATOR CERTIFIC	ATEO	F COM	PLIAN	ICE		\sim	II COI	NICE	DV.	ATION	DIVISIO	N	
I hereby certify that the rules and regul	lations of th	e Oil Come	zvation			J			.17 V		D. 4 1010	/1	
Division have been complied with and is true and complete to the best of my	that the inf	onsetion gi	vera above	;	_		A 	٠					
R THE THE COMPLESS IN MIS DESIGN OF MY					0	ate /	*pprove	=U _	··				
fame boster					_								
Signature					ll B	У							
James D. Cogburn. Op	eratio	ns Coo	rdina Tile	tor_	_	<u>'</u>							
Printed Name 11/05/91		39	2-160	0		πι Θ							
11/02/21			lephone N		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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.