ropriste Districe Com-TENCT I Box 1980, Hobbs, NS4 88240

State of New Mexico nergy, Minerals and Natural Resources Depar int

TRICT S Drawer DO, Astonia, NM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Asiec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator									Well A	PI No.			
ARCO OIL & GAS COM	PANY								3(0 025 1	1751		
Address													
P. O. BOX 1710	HOBBS	, NEW	MEX	ICO	88240								
Rescon(s) for Filing (Check proper box)					∑ Ot	bar	(Please explo	me)					
New Well	•	Change is	Transp	corter of:	Pleas	se	assign	a 5	00 t	bl test	ting all	owable	
Recompletion	OI		Dry G	₩ ∐	for t	th	e month	of	Janu	ary 199	94.		
Change in Operator	Casinghead	G≥ □	Conde	200 das									
if change of operator give same													
and address of previous operator													
IL DESCRIPTION OF WELL			D- al I	Vama Tacks	ding Formation		 _		Kind o	(Lean	i	case No.	
Local Name	1	Well No.	•		-				OWY	Protection Fe			
SOUTH JUSTIS UNIT	" E "	201		STIS B	INEBRY T	Ш	RR DRIN	KARI)				
Location	1	000			MARMIT				_				
Unit LetterE	.:	980	Foot F	rom The _	NURTH			99	U_Fe	et From The .	WEST	Line	
	0.5	_		27						F A		0	
Section 24 Township	, 25	<u>S</u>	Range	37	E N	M	PM,		<u> </u>	EA		County	
				m 214 mm	m.1 C.C								
III. DESIGNATION OF TRAN				ND NATI	IKAL GAS	-	address to wh	ich an	~~~	com of this f	orm is to be a		
Name of Authorized Transporter of Oil	<u> </u>	or Conden											
TEXAS NEW MEXICO P		COMPA	YNX_				2528_1						
Name of Authorized Transporter of Casing	head Gas	<u>.</u>		Gen 🗀	P. U. BOX	W	1226 " Y	al "	W.W	$^{cop}_{88252}$	OFTH IS NO DE S	DE)	
SIDARJCHABPSONTCAR	BONPROH	167791	E C	0	<u> </u>	മ	x_3000_	Tul	sa,	0k = 74	102		
If well produces oil or liquids,	Unit	Sec.	Twp	Rgs	ls gas actual	ly	connected?	_ !	Whea	•			
rive location of teaks.	D	24	25S	37E	Yes	3		1		1-20-9	4		
If this production is commingled with that f	rom may other	riesse or	pool, g	ive commin	gling order mum	be	r				 		
IV. COMPLETION DATA	•	•	_										
		Oil Well	$\neg r$	Gas Well	New Well	T	Workover	De	ерев	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· (X)	İ	i		Ì	1		l			l	_1	
Date Spudded	Date Compl	Ready to	Prod.		Total Depth					P.B.T.D.			
	,	•											
Destina (DE RES ST CS de)	Name of Pro	ducing Fo	matio	<u> </u>	Top Oil Cas	Top Oil/Gas Pay					Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)													
Perforations						Depth Casing Shoe							
Lating and the second s													
	77	IRING	CAS	NG ANT	CEMENTI	N	G RECOR	D					
	,				1		EPTH SET				SACKS CEM	ENT	
HOLE SIZE	CAS	ING & TU	BING	SIZE	+	_	/C1 1/1 GE1			· · · · · ·			
					 	_							
					 								
					 								
		C CONTRACT	DVE							L			
V. TEST DATA AND REQUES	I FOR A	LLUWA	MDLE	, 	h! to ou		reed too allo	un ble	for this	death or be	for full 24 hou	es.)	
OIL WELL (Test must be after re			of 100a	ou sha mik	Donavine M	110	nod (Flow, pu	710. Pd	s lift. a	k.J	,		
Date First New Oil Run To Tank	Date of Test				From M.	-	, , , , , , , , , , , , , , , , , , ,	· • · • -					
		Casing Pressure					Choke Size						
Length of Test	Tubing Press	Carrie 17											
		Water Bhie	Water - Bbls.										
Actual Prod. During Test	Oil - Bbls.	Water - Doile	Water - Book										
										<u></u>			
GAS WELL													
Acoust Fred Test - MCF/D	Leagh of To	-			Bols. Conder	0.54	MMCF			Gravity of C	Condensate		
									-				
Testing Method (pitot, back pr.)	Tubing Pres	aure (Shut-	·m)		Casing Press	un.	(Shut-ia)			Choke Size			
terring assessed factors to the					1								
4 TOD 6777	A THE OF	CON CD	FIAI	NOTE:	1								
VL OPERATOR CERTIFICATE OF COMPLIANCE						O	IL CON	SE	R٧٨	ATION	DIVISIO)N	
I hereby certify that the rules and regulations of the Oil Conservation													
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Data Approved					P 11 8 19	194	
at the san compact to me out of the montrolle and secure						Date ApprovedMAR_U 8_1994							
4/ . 11 (m)	1 1	7-18											
Kur W. Mun	26/	jace			By_	_							
Signature COCRUPY	OPERATI	18 -						DOV CEVE	NA .				
JAMES COGBURN	ORIGINAL SIGNED BY JERRY SEXTON THE DISTRICT I SUPERVISOR												
Printed Name	(505) 3	201_14	Title 21		Title	_		בוע	1717	LAUPER	MIZOR		
01/21/94	(505) 3	7.7.1.10 Pales	phoes I	No.	1						at the second	,	
Dute		, 			والمسالل المسالل	, .							

INSTRUCTIONS: This form is so 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) PIII 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.