

Submit 5 Copies
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

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator ARCO Oil & Gas Company Well API No. 30-025-11751

Address Box 1610, Midland, TX 79702

Reason(s) for Filing (Check proper box) Other (Please explain)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Operator Casinghead Gas Condensate

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Justis Unit "E" Well No. 201 Pool Name, including Formation Justis Blbry-Tubb-Dkrd Kind of Lease State, Federal or Fee Lease No. _____
Location
Unit Letter E : 1980 Feet From The North Line and 990 Feet From The West Line
Section 24 Township 25-S Range 37-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
Tex-New Mex Pipeline Box 2528, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) 74102
Sid Richardson Gasoline/Texaco E&P Co. Box 1226, Jal NM 88292/Box 3000, Tulsa, OK
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When?
yes 1-5-94

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
	<u>12-21-93</u>		<u>7242'</u>		<u>6613'</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>3076' GR</u>	<u>Blbry-Tubb-Dkrd</u>		<u>5031'</u>		<u>5012'</u>			
Perforations					Depth Casing Shoe			
<u>5031-5920'</u>					<u>7242'</u>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<u>13-3/8"</u>	<u>553</u>	<u>300</u>
	<u>9-5/8</u>	<u>3400</u>	<u>2000</u>
	<u>7 & 7-5/8</u>	<u>7242</u>	<u>998</u>
	<u>2 7/8</u>	<u>5012</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank 1-5-94 Date of Test 1-20-94 Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hrs Tubing Pressure _____ Casing Pressure _____ Choke Size _____
Actual Prod. During Test Oil - Bbls. 7 Water - Bbls. 35 Gas - MCF 70

GAS WELL

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

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Ken W. Gosnell
Signature Ken W. Gosnell Agent
Printed Name _____ Title _____
Date 1-28-94 Telephone No. (915) 638-5672

OIL CONSERVATION DIVISION

Date Approved FEB 02 1994
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
Title _____

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.