## 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

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

00 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWABI	LE AND AUTH	UNIZATION LGAS	1		
	TO TRA	ANSPORT OIL	AND NATONA		I API No.		
perator		,	30-025-1	1751			
ARCO OIL AND GAS COME	ANY						
dress		•					
BOX 1710, HOBBS, NEW	MEXICO 8824	0	Other (Pleas	e explain)			
eason(s) for Filing (Check proper box)		en	02				
w Well	·	Transporter of:			1.1.15		
completion		Dry Gas	EFFECT]	IVE: 4/17	<del>90</del> 11/1/9/	•	
nange in Operator	Casinghead Gas	Condensate					
hance of operator give name							
address of previous operator							
DESCRIPTION OF WELL	AND LEASE				d of Lease	Lease Na	
case Name	Well No.	Pool Name, Includir	g Formation	1 10-	Le, Federal or Fee		
Winberly WN	4	Justis Tu	bb Drinkar	0			
				000	1.1	11:04	
ocation E	. 1980	End From The NO	14h Line and _	<u>990</u>	Feet From The	LST Line	
Unit Letter	_:					<b>.</b>	
Serting 24 Townst	nip 255	Range 37	E NMPM	Le	<u>a</u>	County	
Section Townst	ip a 32	King					
	· · · · · · · · · · · · · · · · · · ·	NE AND NATE	RAL GAS				
I. DESIGNATION OF TRAI	NSPORTER OF Cond	entile C	Address (Give addre	u to which appro	ved copy of this form is	io be sent)	
tume of Authorized Transporter of Oil			DO BON 2528 HODDS NM 81240				
To was now thexico kineline co.			Address (Give address to which approved copy of this form is to be sens)			to be sent)	
is me of Authorized Transporter of Casinghead Gas			P. O. Box 1226, Jal, NM 88252				
id Richardson Carbon	& Gasoline U	0	ls gas actually conne	aed? W	hen 7		
well produces oil or liquids,	10011 1000	17WA Rge.	Ues	i	unknewn		
	D 124	1927 2/E	1 1	PC	-263		
this production is commingled with the	at from any other lease of	or pool, give comming	ing order buttioes.				
V. COMPLETION DATA				over Deepe	Plug Back Same	Res'v Diff Res'v	
	Oil W	ell Gas Well	New Well Wort	over   Deep	11.00 2	i	
Designate Type of Completio	n-(X) j		Total North		P.B.T.D.		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		1.5.1.5.		
oars abronced			- STO N		Tubing Depth		
Devations (DF, RKB, RT, GR, etc.) Name of Producing Formstion			Top Oil/Gas Pay		I thorng Depart	1 court to be	
devations (DF, KAB, KI, GA, Ec.)					Depth Casing Sho		
					Depair carries	•	
erformions							
	TURIN	G, CASING AND	CEMENTING R	ECORD	0104	SACKS CEMENT	
	CASINGA	CASING & TUBING SIZE		TH SET	SACK	SAURS CEMENT	
HOLE SIZE	CASING & TODING						
		WADIE					
V. TEST DATA AND REQU	EST FOR ALLO	₩ ADLC Used eil and mili	n he equal to or excee	d sop allowable fo	r this depth or be for ful lift, etc.)	1 24 hours.)	
OIL WELL (Test must be after	er recovery of total total	one of load ou the na	Producing Method	Flow, pump, gas	lift, etc.)		
Date First New Oil Run To Tank	Date of Test		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			
				Casing Pressure		Choke Size	
Length of Test	Tubing Pressure		Casing . Ive				
Leagu W 14-			Water - Bbis		Gas- MCF		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		WHEI - DOIL			
Actual Frod. During							
				=			
GAS WELL			Bbis. Condensate/	AMCF	Gravity of Conde	TITLE	
Actual Prod. Test - MCF/D	Length of less	Length of Test					
	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
Testing Method (pitot, back pr.)	Method (pilot, back pr.)		1				
VI. OPERATOR CERTIF	ICATE OF CO	MPLIANCE		CONSE	RVATION DI	VISION	
			\( \sum_{\text{i.c}} \)				
	II.		<b>№</b>	1.24			
is true and complete to the best of	my knowledge and beli	d.	Date Ap	proved			
is the and complete to the			13			in more and a second	
Signature D. Cookern, Administrative Supervisor			D. C	jejainsk os		. A \$ 4.379	
- flund	· Assa		Dy	7,997			
Signature James D. Cogburn,	Administrativ	e Supervisor					
Tames D. OCAS			Title				
Printed Name 11 5 9 1		392-3551	.				
TILITIO		Telephone No.					
Dote							

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
- 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.