

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1900, Hobbs, NM 88240

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator: ARCO OIL & GAS COMPANY Well API No. 30 025 11760
Address: P. O. BOX 1710 HOBBS, NEW MEXICO 88240
Reason(s) for Filing (Check proper box): ☒ Other (Please explain) Please assign a 500 bbl testing allowable for the month of January 1994.
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Operator ☐
If change of operator give name and address of previous operator:

II. DESCRIPTION OF WELL AND LEASE
Lease Name: SOUTH JUSTIS UNIT "F" Well No. 23 Pool Name, Including Formation: JUSTIS BLINERRY TUBB DRINKARD Kind of Lease: State, Federal or Fee Lease No.:
Location: Unit Letter C : 660 Feet From The NORTH Line and 2080 Feet From The WEST Line
Section 25 Township 25 S Range 37 E , NMPL, 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): TEXAS NEW MEXICO PIPELINE COMPANY P O BOX 2528 HOBBS, NEW MEXICO 88241
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent): SID RICHARDSON CARBON & GASOLINE CO. P.O. Box 1226 Jal, N.M. 88252
TEXACO EXPLORATION & PRODUCTION P.O. Box 3000 Tulsa, Ok. 74102
If well produces oil or liquids, give location of tanks: Unit Sec. Twp. Rge. Is gas actually connected? When?

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RCB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 1-3-94 Date of Test 1-3-94 Producing Method (Flow, pump, gas lift, etc.) PUMP
Length of Test 24 Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test 239 Oil - Bbls 35 Water - Bbls 204 Gas - MCF N/A 36

GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pilot, 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.
Signature: JAMES COGBURN OPERATIONS COORDINATOR Title
Printed Name: JAMES COGBURN Telephone No. (505) 391-1621
Date: 1-14-94
OIL CONSERVATION DIVISION
Date Approved: JAN 18 1994
By: ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I 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.