Submit 5 Copies Appropriate District Office DISTRICT 1	State of New Mexico Energy, Minerals and Natural Resource					ces Departm	See Instructions				
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II		OIL CONSERVATION					DIVISION			m of Page	
P.O. Drawer DD, Artenia, NM 88210		Sa	nta Fe,		exico 875	04-2088					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I. TO TRANSPORT OIL AND NATURAL GAS											
I. Operator		IO IHA	NSPL		AND NA	TUNALO		PI No.			
ARCO OIL AND GAS COM			30-025-11760								
BOX 1710, HOBBS, NEW	MEXICO	8824	0			es (Please expla	zin)				
Reason(s) for Filing (Check proper box) New Well		Change in	Тгаверо	rter of:							
Recompletion	Oil	Oil Dry Gas EFFECTIVE:									
Change in Operator	Casinghea		Concen								
and address of previous operator											
IL DESCRIPTION OF WELL	AND LEA	Vell No.	Pool Na	me Includi	ing Formation		Kind o	( Lease	Le	ase No.	
Lesse Name IDA WIMBERLY		5	JUS	TIS FU	SSELMAN			Federal or Fee	FEE		
Location Unit LetterC	. 6	60	Feet Fra	om The	NORTH Lin	e and208	0 Fe	et From The _	WEST	Line	
Section 25 Township	2	55	Range		37 <u>e</u> , n	MPM, LEA		<u>.                                    </u>		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil		or Conden	sate		Address (Gn	e address to wh				u)	
Shell Pipeline Corpora Name of Authorized Transporter of Casing	ghead Gas		or Dry	Gas 🛄	Address (Giv	ox 2648, e address to wh	uch ap <del>proved</del>	copy of this fo	rm is to be se	u)	
Sid Richardson Carbon i If well produces oil or liquids, give location of tanks.	& Gasol  Unuit     D	<u>ine Co</u> S≪⊂ 25	Twp.	<b>Rge.</b>	P.O.B Is gas actuall YES	ox 1226, y connected?	When	NM 88252 When ? 10/13/58			
If this production is commingled with that i	4					ber:					
IV. COMPLETION DATA		Oil Well		as Well		Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)			ALS WOIL	İ					i	
Date Spudded	Date Comp	ol. Ready 10	Prod		Total Depth			<b>P.B.T</b> .D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations	·			Depth Casing Shoe							
	TUBING, CASING AND							SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SHORS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		1					<u>_</u>	
OIL WELL (Test must be after re	ecovery of 10	tal volume	of load o	il and must	be equal to or	exceed top allo ethod (Flow, pu	wable for this	depth or be f	or full 24 hour	<b>3</b> .)	
Date First New Oil Run To Tank	Date of Ter	t i			Producing M	einoù ( <i>r iow, p</i> e	тр, заз 191, е	<b>k</b> .)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.			Gas- MCF			
GAS WELL	<u>.                                    </u>										
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			
VL 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					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.						Approve	d				
Bannel on fin						6910.00			SEXTON		
Significe James D. Cogburn, Operations Coordinator Title					11	<u>CR(Gile</u> r					
Printed Name 11/05/91			-160								
Date		Tele	phone N	0.							

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.