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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Arcesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088											
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	REQUEST	FOR A	LLOW/	ABLE	AND A	UTHORIZ	ZATION AS					
I. Operator									Well API No.			
ARCO OIL AND GAS C	OMPANY	- <u>-</u> -						30-025	-11763			
	NEW MEXIC	88 0:	240	- 15	7 000	s (Please expl	nia)					
CLESO IS OPERATOR	Change Oil Casinghead Gas	in Transp Dry C		(<u>X</u>)]	Cor	rect spe	elling f	rom Wim	berly to			
If change of operator give name and address or previous operator										·-···		
II. DESCRIPTION OF WELL A	ND LEASE	la Bool I	Name Incl	wing F	ormation :	(4745	Kind	of Lease	L	ase No.		
Lease Name IDA WIMBERLEY	9		JUSTIS	, TUB		KARD,,/,	192 State,	Federal or Fe	e FF	E		
Location			Blin		·	. 990		et From The	WEST	Line		
Unit LetterE	:1650	Feet I	From The	NORT	!!Line	and 990	re	et From Inc.				
Section 25 Township	258	Range	e 37	<u>E</u>	, NA	лрм,	LEA	<u> </u>		County		
III. DESIGNATION OF TRANS	PORTER OF	OIL A	ND NAT	URA	L GAS		ıt In		 			
Name of Authorized Transporter of Oil	or Con	densate		Ad	dress (Giw	e address to w	hich approved	copy of this)	form is so be se	nt)		
Name of Authorized Transporter of Casing	read Gas	or Dr	y Gas [] Ad	dress (Give	e address to w	hich approved	copy of this	form is so be se	जर्म)		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Sec. Twp. Rge. Is gas actually conr				y connected?	When?					
If this production is commingled with that fr	om any other lease	or pool, §	pive comm	ingling	nder numb	ber:						
IV. COMPLETION DATA			Gas Well		lew Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -	(X)	Veli 	Cat well	i.				<u> </u>	<u>i</u>	<u> </u>		
Date Spudded	Date Compl. Read	y to Prod.		To	al Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth			
Perforations			 					Depth Casi	ng Shoe			
	TUBING, CASING AND C				MENTI	NG RECOR	മ	OLOVO OCHENT				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
								-		. 		
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR ALLO	WABL	E d oil and n	nust be	equal to of	exceed top all	lowable for th	is depth or be	for full 24 hos	es.)		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	2/E 0/ 100		Pr	oducing M	ethod (Flow, p	nemp, gas lift,	elc.)				
Length of Test	Tubing Pressure				sing Press	ure		Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF			
								<u></u>				
GAS WELL Actual Frod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF CO	MPLL	ANCE				NSERV	ATION	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					·	J JJ.			28'92			
is true and complete to the best of my l	mowledge and beli	લં.				e Approvi						
Jany Cefin				-	By_	ORIGINA	L SIGNED	gy Jeary Supervoet	SEXTON			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

09/25/92

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

391-1600

- 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.