

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1960, 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  
Santa Fe, New Mexico 87504-2088

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

<b>I. OPERATOR</b>		Well API No.
Operator ARCO Oil and Gas Company		30-025-11768 ✓
Address P.O. Box 1710 - Hobbs, New Mexico 88241-1710		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) Change Well Name From		
New Well <input type="checkbox"/>	Change in Transporter of:	CARLSON FEDERAL #1
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective: 1/1/93
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

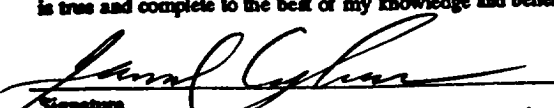
<b>II. DESCRIPTION OF WELL AND LEASE</b>			
Lease Name South Justis Unit "F"	Well No. 25	Pool Name, including Formation Justis Blinbry Tubb Drinkard	Lease No. LC060946
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>SOUTH</u> Line and <u>2309</u> Feet From The <u>WEST</u> Line			
Section <u>25</u> Township <u>25S</u> Range <u>37E</u> , NMPM, Lea County			

<b>III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipeline Company			P.O. Box 2528 - Hobbs, NM 88241-2528		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>			Address (Give address to which approved copy of this form is to be sent)		
Texaco Exploration and Production, Inc.			P.O. Box 3000 - Tulsa, OK 74102		
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>25</u>	Twp. <u>25</u>	Rge. <u>37</u>	Is gas actually connected? <u>YES</u> When? <u>5/1/66</u>
If this production is commingled with that from any other lease or pool, give commingling order number.					

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

<b>V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL</b> (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

<b>GAS WELL</b>			
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

<b>VI. OPERATOR CERTIFICATE OF COMPLIANCE</b>	
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 	
Printed Name James D. Cogburn	Operations Coordinator
Date 1-1-93	Telephone No. (505) 391-1621

<b>OIL CONSERVATION DIVISION</b>	
JAN - 1993	
Date Approved	
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.