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

State of New Mexico
Oil, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator ARCO OIL AND GAS COMPANY	Well API No. 30-025-11768
Address P. O. BOX 1710, HOBBS, NEW MEXICO 88240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Other (Please Specify)	
Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	EFFECTIVE DATE: MAY 01 1992

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carlson Federal	Well No. 1	Pool Name, including Formation Justis Blinebry Tubb Drinkard	Kind of Lease State, Federal or Fee	FED Lease No. LC-060946
Location Unit Letter K : 2310 Feet From The SOUTH Line and 2309 Feet From The WEST Line Section 25 Township 25S Range 37E , NMPM , LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240												
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Texaco Exp. and Prod., Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3000, Tulsa, OK 74102												
If well produces oil or liquids, give location of tanks.	<table border="1"> <tr> <th>Unit</th> <th>Sec.</th> <th>Twp.</th> <th>Rge.</th> <th>Is gas actually connected?</th> <th>When?</th> </tr> <tr> <td>K</td> <td>25</td> <td>25</td> <td>37</td> <td>YES</td> <td>5/1/66</td> </tr> </table>	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?	K	25	25	37	YES	5/1/66
Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?								
K	25	25	37	YES	5/1/66								

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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, RKB, 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	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

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 D. Cogburn
 Printed Name: **James D. Cogburn, Operations Coordinator**
 Title: _____
 Date: **MAY 01 1992**
 Telephone No.: **391-1600**

OIL CONSERVATION DIVISION

Date Approved: **MAY 08 1992**
 By: Paul Kautz
 Title: **Geologist**

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

- 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.

RECEIVED
MAY 07 1992
OCD HOBBS OFFICE