NO. OF COPIES MECE	IVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			<u> </u>
4 - 4 - 4	~ . 1 .	~	_ ^

Engrg. Tech. Spec.

10-29-79

(Title)

(Date)

DISTRIBUTION SANTA FE FILE	REQUEST FO	ISERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-55	
U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRAIN	SPORT OIL AND WITCH A		
Operator ARCO Oil & Gas Co Division of Atlantic Ric Address P.O. Box 1710, Hobbs, N.	hfield Company			
Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership If change of ownership give name	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens	during month of (O bbl. testing allowable Oct. 1979 to test & rest duction.	
and address of previous owner 1. DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including For	rmation Kind of Lease	Lease No.	
Lease Name State "Y" Location R 33	3 Justis Blinebr	State, Federal	or Fee State	
Unit Letter;;;	wnship 25S Range	37E , NMPM,	Lea County	
Name of Authorized Transporter of Oil Texas New Mexico Pipeli Name of Authorized Transporter of Car	ne Co.	P.O. Box 1510, Midland, Address (Give address to which approv	Texas 79701 sed copy of this form is to be sent)	
El Paso Natural Gas Co.	Unit Sec. Twp. Rge.	P.O. Box 1384, Jal, N.M. Is gas actually connected? Yes	1. 88252 en 4-1-59	
give location of tanks. If this production is commingled with COMPLETION DATA	th that from any other lease or pool,		R-1337	
Designate Type of Completi		Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe	
Perforations			·	
		D CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEI THOS.		
		·		
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	lenth of be for full 24 hours,	l and must be equal to or exceed top all	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gas-MCF	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPLIA		NAV.	VATION COMMISSION	
I hereby certify that the rules as Commission have been complie above is true and complete to	nd regulations of the Oil Conservations with and that the information give the best of my knowledge and belie	TITLE Goold		
D. L. Shar	Selfard Signafuje)		in compliance with RULE 1104. lowable for a newly drilled or deep npanied by a tabulation of the device cordance with RULE 111.	

tests taken on the well in accordance with RUL

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections I. II. III. and VI for changes of owner well name or number, or transporten or other such change of condition Separate Forms C-104 must be filed for each pool in multiple completed wells.