Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

OUEST FOR ALLOWABLE AND AUTHORIZATION

000 Rio Brazos Rd., Aztec, NM 87410	REQL	JEST FO	OR A	LLO/	WABL	E AND A	UTHORIZ	ZATION					
•	TO TRANSPORT OIL A							**************************************					
erator						30-025-11774							
ARCO OIL AND GAS COM	PANY										•		
ddress NEW	MEXIC	0 882	40										
BOX 1710, HOBBS, NEW (eason(s) for Filing (Check proper box)	TILATO					Other	(Please expla	un)					
Well Change in Transporter of:						DEFECTIVE: JAN 9 7 1392							
Recompletion	Oil		Dry C			EF.	FECTIVE:		G/ 1.1 G	10024			
hange in Operator	Casinghea	d Gas X	Cond	ensate	_ <u></u>								
change of operator give name ad address of previous operator													
L DESCRIPTION OF WELL	AND LE	ASE						17/: 2 -	f1	i ie	se Na		
ease Name		Well No. Foot Patte, Including							ederal or Fee STATE				
STATE Y		6	JUS	STIS	BL]	INEBRY							
ocation						MODELL	660)	et From The	EAST	Line		
Unit Letter H	_ : <u>1</u>	650	_ Feet	From T	he	NORTH in	and	/ re	et Prom The				
	0.5	- 0	D		37E	. NN	ирм,	LEA			County		
Section 25 Townshi	p 25	55	Rang	<u> ξε</u>	<u> </u>								
II. DESIGNATION OF TRAN	SPORTI	ER OF C	IL A	ND N	ATU	RAL GAS		Lish spermed	copy of this for	m is to be set	nt)		
Name of Authorized Transporter of Oil	(XXI	or Coude	nsate		ן ו	Address (Giv	e adares lo w	nica approvea H∩RRS	NM 882	40	-		
TEXAS NEW MEXICO PIPE	P. O. BOX 2528, HOBBS, NM 88240 Address (Give address to which approved copy of this form is to be sent)												
Name of Authorized Transporter of Casing	LXXI	_	ry Gas		P. O. BOX 3000, TULSA,			OK 74102					
TEXACO EXPLORATION &	PRODUC'	TION,	INC. Twp		Rge.		y connected?	When	?				
If well produces oil or liquids, give location of tanks.	Unit	25	1 25		37	YES	3	L	4/1/59				
f this production is commingled with that	fmm any o	ther lease 0	r pool,	give co	enming!	ing order num	ber: <u>R</u> -	1337 & I	<u> </u>				
I this production is communicated with the	110111		•						Plug Back	Same Res'y	Diff Res'v		
		Oil We	ıı	Gas '	Well	New Well	Workover	Deepen	Plug Dack	Same Rus v			
Designate Type of Completion	- (X)	l				Total Depth	<u> </u>		P.B.T.D.				
Date Spudded	Date Cor	npl. Ready	ь Ртос	1		Iozi Depai							
	ļ., .						Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation									Depth Casing Shoe				
Perforations									Depth Casing	g Shoe			
r citoratous							75.00	BD	1				
TUBING, CASING AND						CEMENT	NG RECU	<u>κυ</u>		SACKS CEMENT			
HOLE SIZE	CACING & TURING SIZE						DEPTH SE	<u></u>		1			
									!				
						<u> </u>							
V. TEST DATA AND REQUE	ST FOR	ALLO	VABI	LE		<u></u>				for full 24 hou	are)		
V. TEST DATA AND REQUE OIL WELL (Test must be after	TECOVETY OF	total volu	ne of la	oad oil e	and mus	n be equal to a	exceed top a	Howable for ti	esc.)	OF Juli 24 Tub			
Date First New Oil Run To Tank	Date of	Test				Producing N	Method (Flow,	рштф, даз тут					
						Casing Pres	G100		Choke Size				
Length of Test	Tubing	Tubing Pressure				CESTING FIG.	60 10						
							L		Gas- MCF				
Actual Prod. During Test	Oil - Bt	ols.											
	L												
GAS WELL	 	-2 T				Bbis. Cond	ensate/MMCF		Gravity of	Condensate	-		
Actual Prod. Test - MCF/D	Length of Test								Choke Size				
	Tubing	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	1			
Testing Method (pitot, back pr.)													
	CATE	OF COM	MPI 1	IANO	Œ			NICEDI	VATION	DIVISI	ON		
VI. OPERATOR CERTIFI	mulations of	the Oil Co	OSCIVAL	100			_						
District home been complied Will 11	Mana unci	THE OWNER OF THE OWNER OWNER OF THE OWNER OW	B	above				•	JAN 1	4'92			
is true and complete to the best of m	ny knowleda	ge and belie	4 .			Da	te Appro	ved	JAN 1				
Jame Cylin						Ву	ORIGIA	AL SIGNE)	VEXTON			
Signature James D. Cogburn, O	nersti	ons Co	ordi	inato	or	- -		DISTRICT :	D. ZERVESK)R			
James D. Cogburn, O	, / 100		•			Tit	le						
JAN U	, 199 			-1600		.							
Date			Teleph	one No).	11							

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.