Submit 5 Copies Appropriate District Office DISTRICT I 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 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRA	NSP	ORT OIL	AND NAT	URAL GA	S Well Al	PINO			
perator			M ETT VI	-025- 11776							
ARCO OIL AND GAS CO	MP ANY						30-0	<u> </u>	<u>~</u>		
ddress											
BOX 1710, HOBBS, NE	W MEXICO	882	40		Othe	r (Please expla	in)				
Reason(s) for Filing (Check proper box)		hange in		orter of:							
iew Well	Oil		Dry G		EF	FECTIVE:		UAIN 0	7 1992		
Recompletion	Casinghead										
Change in Operator Change of operator give name											
nd address of previous operator											
I. DESCRIPTION OF WELL	L AND LEAS	SE					1 *** *		10	ase No.	
Lease Name	1	Well No.	Pool	Name, Includi	ng Formation		Kind of State J	ièderal or Fee		B-11478	
STATE Y		88	JUS	TIS FUS	SSELMAN				BIIII		
Location				,	וישמטי	990	_		EAST	Line	
Unit LetterH	:	1980	_ Feet l	From The	NORTH Line	and	F∝	t From The			
			_	275	1.71	ирм,	LEA			County	
Section 25 Towns	hip <u>25</u> S		Rang	<u> 37E</u>	, Nr	AFIVI,					
	NODODEED	. OE 0	TT AT	ND NATII	DAT. GAS						
II. DESIGNATION OF TRA	NSPORTER	or Conde	nsale	TALLO		e address to wi	hich approved	copy of this for	m is to be se	u)	
Name of Authorized Transporter of Oil	IAAI			لــا	P. O. I	30X 2528	, HOBBS,	NM 882	40		
TEXAS NEW MEXICO PIP Name of Austhorized Transporter of Cau	ELINE CU.	head Gas XX or D			Address (Give address to which app			oved copy of this form is to be sent)			
TEXACO EXPLORATION &	. PRODUCTI		INC.		P. O. I	30X 3000	, TULSA,	OK 741	.02		
If well produces oil or liquids,	Unit	Sec.	Twp	Rge.	Is gas actuall	y connected?	When				
rive location of tanks.		25	1 25	37	YES			5/2/88			
f this production is commingled with th	at from any other	r lease of	r pool, p	give comming	ling order numi	ber: <u>R-</u>	1337				
V. COMPLETION DATA	•						~ ~~	Plug Back	Same Pes'v	Diff Res'v	
		Oil We	u	Gas Well	New Well	Workover	Deepen	Plug Back	Salie ves	l L	
Designate Type of Completion	on - (X)	<u> </u>			Total Depth		1	P.B.T.D.		. 	
Date Spudded	Date Comp	l. Ready I	to Prod.		Total Deput			1.5.1.5.			
					Ton Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
					J			Depth Casing	Shoe		
Perforations							_				
		TIRING	: CA	SING AND	CEMENTI	NG RECO	XD				
	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET SACKS CEMENT					
HOLE SIZE	CAS	CASING & TODING OLD									
v. test data and requ	JEST FOR A	LLOV	VABL	E			u	ו של שה ולמחולה ב	for full 24 hos	ors.)	
V. TEST DATA AND REQU OIL WELL (Test must be aft	er recovery of to	eal volum	e of loc	ad oil and mus	t be equal to o	sethod (Flow.)	numn eas lift.	esc.)			
Date First New Oil Run To Tank	Date of Te				Producing N	TECHOO (F10%)	V=14181517	,			
						ente		Choke Size			
Length of Test	Tubing Pre	Tubing Pressure									
						Water - Bbis.					
Actual Prod. During Test	Oil - Bbls.				.,						
GAS WELL					Dhia Cond	mate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	Length of Test				Boil Concension Marie					
	(Chapter)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pri	Tubing Pressure (Shut-in)									
	l				┦┌──						
VI. OPERATOR CERTIF	FICATE OF	COM	IPLL	ANCE		OIL CC	NSERV	/ATION	DIVISI	NC	
I have another that the rules and I	regulations of the	: Oil Coa	servalic	X0.	-			JAN 14			
Division have been complied with is true and complete to the best of	and that the inic		DACE =	DOVE	Do	te Approv					
is true and complete to the beat of	my knowledge -		•		Da						
1 110					_	CRIG	MAL SIGN	Et of Ital	r gentan o i	₹	
James Cylin					By		- DISTRICT	4 (4) (4) (4)	5-3		
James D. Cogburn,	Operation	s Coc	ordi	nator							
Printed Name			111	ac .	Titl	е					
JAN 0	(1992			1600							
Dute		1	Telepho	GIG 170.	<u>IL</u> _						

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.

JAN 1 0 1992