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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-103 and C-110  
Effective 1-1-65

Operator	ARCO Oil and Gas Company - Division of Atlantic Richfield Company		
Address	P. O. Box 1710, Hobbs, New Mexico 88240		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	Change in Operator Name	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	effective: 4-1-79
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease
STATE Y	8	JUSTIS Blinberry	State, Federal or Fee STATE
Location			
Unit Letter	H	1980 Feet From The North Line and 990 Feet From The East	
Line of Section	25	Township 25S	Range 37E, NMPM, Lea County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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 Co	P.O. Box 1510 Midland Texas 79701		
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)		
El Paso Natural Gas Co	P.O. Box 1384, JAL New Mexico 88252		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	A	25	25S
			37E
Is gas actually connected?	When		
yes	5-15-68		

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

A-1337

I. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
No Change								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
No Change								
Pool	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					

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
No Change			
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 (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Dwight V. Ruck*  
(Signature)

3/8/79

OIL CONSERVATION COMMISSION

APPROVED *APR 10 1979*, 19  
BY *Jerry S. Brown*  
TITLE *Supervisor District*

This form is to be filed in compliance with RULE 1101.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a statement of the location