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

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l.		0 1115	1101	0111 012	7 11 10 10 1			API No.	_		
Operator	NV						30-	-025-1177	7		
ARCO OIL AND GAS COMPA	N 1										
Address	FYTCO	88240									
BOX 1710, HOBBS, NEW M Reason(s) for Filing (Check proper box)	EXICO	00240		· · · · · · · · · · · · · · · · · · ·	Oth	a (Please expla	iin)				
New Well		Change in	Transp	orter of:	_						
	Oil		-	F-1	FFI	ECTIVE:	1/16	19,			
Recompletion Change in Operator	Casinghead		•		נום	LOIIVE	.,,,,,	12			
if change of operator give name											
and address of previous operator											
IL DESCRIPTION OF WELL	AND LEA	SE									
Lease Name	10 22	Well No.	Pool N	lame, Includi	ng Formation		Kind	of Lease		nase Na	
STATE Y	9 JUSTIS MON				TOYA		State	Pederal or Fee	ATA1		
Location									EAST		
A		990	Feet F	rom The	NORTH Lin	e and990	F	eet From The	EAUI	Line	
Unit LetterA	. •									_	
Section 25 Township	25	<u>s</u>	Range	37 E	וא, או	MPM,	LE	A		County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL AN	ID NATU	RAL GAS		Lish speeds	d copy of this for	rm is to be se	ent)	
Name of Authorized Transporter of Oil	X	or Conden	sale		Address (UI)					,	
Texas New Mexico Pipeli	ine Co.				P. U.	DOX 2328	hich come	d copy of this for	m is to he es	ent)	
lame of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Un	в <i>осотезз ю wi</i> Вох 1996	. ја1.	NM 88252	2	····,	
Sid Richardson Carbon &		ine Co	lm.	1 5==		y connected?	Whe	n ?	·		
If well produces oil or liquids,	Unit	Sec. 25	Twp. 25	1 37	YE	_	1	9/76			
give location of tanks.	A						-1337				
If this production is commingled with that f	rom any oth	er lease of	pooi, gi	AS COURINING	ing order man						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	· (X)	I OII MEII	ŀ	Cas wen			i :	i i		1	
	Date Comp	N. Ready IC	Prod		Total Depth	<u> </u>		P.B.T.D.			
Date Spudded	Date com,	J. 110 y									
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth	Tubing Depth		
Elevations (Dr., RRB, R1, OR, Ele.)											
Perforations								Depth Casing	Depth Casing Shoe		
• • • • • • • • • • • • • • • • • • • •											
	7	UBING,	CAS	ING AND	CEMENT	NG RECOR	<u> </u>				
HOLE SIZE		SING & TI				DEPTH SET		s	ACKS CEM	ENT	
110200											
											
					<u> </u>						
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	E .			lawahla for t	his donth on he f	or full 24 has	ers.)	
OIL WELL (Test must be after r	ecovery of u	stal volume	of load	oil and mus	be equal to o	lethod (Flow, p	emp eat lift	etc.)	<u> </u>		
Date First New Oil Run To Tank	Date of Te	d			Producing N	ietnoù (Fiow, p	wφ, gω 14.	,,			
					Casing Pressure			Choke Size			
Length of Test	igth of Test Tubing Pressure				Casing ries	nie					
	<u> </u>				Water - Bbi			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Don	•					
	1				L			_1			
GAS WELL						- X X 120		Gravity of C	ondensote		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	omte/MMCF		Gravity of C	-uuset		
					Carlos Pers	sure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)	Tubing Pr	essure (Shu	t-in)		Casing Pres	stile (Stim-m)		G.OLD DIE			
					ـــــا						
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE			NSERV	VATION I	DIVISIO	NC	
I hemby certify that the rules and regul	ations of the	: Oil Couse	rvation		11	OIL CO	MOLIT			J.,	
Division have been complied with and that the information given above						JAN 2 3 '92					
is true and complete to the best of my	knowledge a	and belief.			Dat	e Approvi	ed				
. // -											
Jamilylu						ORIGIN	AL SIGN	0 37 36837 1 - 1711 51	SEXTON		
Signature		Coore	dina	tor	By_		DISTRUCT	r i entre angle Li entre angle	. K		
James D. Coghurn, Ope	racions	S COOL	Title		Title	3					
1/16/92			92-1		''''	<i></i>					
Date Date		Tel	ephone	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.

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	NS	POR	TOIL	AND NA	IUHALG	AS Well A	PI No.				
Operator	30-								025- 11777				
ARCO OIL AND GAS COM	<u>PANY</u>								023 117				
Address			, 0										
BOX 1710, HOBBS, NEW Reason(s) for Filing (Check proper box)	MEXIC	0 882	40			Oth	es (Please exp	lain)					
New Well		Change in	Tran	sporter	of:		r [St. 14	, 12	NO 1	953		
Recompletion	Oil		Dry	•		EF	FECTIVE	:	``	19 U 1 ;	ا کرد		
Change in Operator		ıd Gas 🔯											
If change of operator give name	<u>_</u>												
and address of previous operator													
II. DESCRIPTION OF WELL	AND LE	ASE							of Lease		ease No.		
Lease Name	Well No. Pool Name, including Porms						Con C				- ·		
STATE Y		9	JU	STIS	MON	TUYA				DIMIL			
Location					ν.	וזיייתטי	مور	١		EAST	Line		
Unit LetterA	_ :	990	_ Feet	From '	The	UKIH Lin	e and990	Fe	et From The.				
	25	C	D		37E	N	MPM,	LEA			County		
Section 25 Township	25	5	Ran	ge	<u> </u>								
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	AND N	IJTAN	RAL GAS							
Name of Authorized Transporter of Oil		or Conde	nsate		7	Vomess in	re address 10 x	vhich approved	copy of this f	orm is so be s	rens)		
TEXAS NEW MEXICO PIPEI).	L			P. O.	BOX 2528	, HOBBS	NM 88	NM 88240			
Name of Authorized Transporter of Casing	head Gas	[XX]	or E	Ory Gas			re address 10 v			orm is to be s	rent)		
TEXACO EXPLORATION & I			INC.			P. O.	BOX 3000	, TULSA		102			
If well produces oil or liquids,	Unit	Twp. Rge		Rge.	I .	ly connected?	When	9/76					
give location of tanks.	LA_	25	12:		_37	YE.		-1337	9//0				
If this production is commingled with that f	from any od	her lease or	pool,	give co	mming!	ing order num	ber: <u>N</u>	-1337					
IV. COMPLETION DATA					117-11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (20)	Oil Wel	.1	Cas	Well	I New Well	WOLKOVE	500,500		i	i		
	Date Corr	ipl. Ready t		L		Total Depth			P.B.T.D.				
Date Spudded	Date Con	.рг. 10000) о		_					1				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth					
Elevation (DI , IGB), NI, ON, DOY					l			D. ath Casis	Depth Casing Shoe				
Perforations	·								Depui Casii	ag 2010e	i		
					,		DIG DECC	DD	1				
	TUBING, CASING AND					CEMENT	ING RECO	<u>KD</u>		SACKS CEN	UENT		
HOLE SIZE	CASING & TUBING SIZE					DEPTH SE	.1		5/10/10/20/2				
	-												
	<u> </u>					-							
	<u>:</u>												
V. TEST DATA AND REQUES	T FOR	ALLOW	ABI	LE		1							
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ecovery of	ioial volumi	e of lo	ad oil d	and must	be equal to o	or exceed top a	Howable for th	is depth or be	for full 24 ha	ours.)		
Date First New Oil Run To Tank	Date of T					Producing N	Method (Flow,	pump, gas lift,	eic.)				
									Choke Size				
Length of Test	Tubing Pressure					Casing Pressure				Chore dist			
						Water - Bbls			Gas- MCF	Gas- MCF			
Actual Prod. During Test	Oil - Bbli	i.				Water - Doi	•						
						٠							
GAS WELL						180	ensate/MMCF		Gravity of	Condensate			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	ensate/MINICI		CIEVRY CI					
	-	764				Casing Pres	sure (Shut-in)		Choke Size	<u> </u>			
Testing Method (pilot, back pr.)	Tubing P	ressure (Sh	ui-m)			Casing	,						
				4370		1							
VI. OPERATOR CERTIFIC	ATE O	F COM	۲Ll	ANC	.E		OIL CC)NSER\	ATION	DIVISI	ON		
I hereby certify that the rules and regul	lations of th	e Oil Cons	ervatio	OD Nove				•	JAN 14	'92			
Division have been complied with and is true and complete to the best of my	unan une ini knowledse	and belief.	14611 8	2016		Dot	e Approv	ved					
is true and complete to the over or my						Dal	a whhin	,					
James Cylin						n	maimi	IAL SIGNA	; 3 × , 500 8	/ SEXTON	1		
70.7						By.	Onlon	DISTRICT I	<u> </u>				
James D. Cogburn, Ope	eratio:	ns Coo	rdi	nato	<u>r</u>								
Printed Name	a sa		1 11	ile 1600		Title	e						

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Dete

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Telephone No.

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