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

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Asteria, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							- 1	Ari No.			
ARCO OIL & GAS COM	PANY						3	0 025	1778		
Address P. O. BOX 1710	HOBBS	, NEW	MEXI	со	88240						
Reason(s) for Filing (Check proper box)						et (Please expl	air)				
New Well	(Change is	•		**	m 4 22	DD (=:	、 :			
Recompletion	Oil		Dry Ge	_	ADD T	'RANSPORT	ER (GAS)			
Change in Operator	Casinghead	Gas 🔲	Conden	sate 📗					<u> </u>		
If change of operator give name									•		
and address of previous operator II. DESCRIPTION OF WELL.	ANDIFA	SE					 				
Lesse Name	ng Formation			Classe NM Loss		cese No.					
					INERRY TURB DRINKARD			Pederal or Fee 16031579 E			
SOUTH JUSTIS UNIT		<u> </u>	מנוני	<u>. 1.3 - D</u> 1.		I	<u></u>				
Unit Letter	: 99	0	Feet Fre	on The 💆	OYTH Lin	e and 66	<u>0</u> F	ect From The _	EAST	Line	
Section 25 Township	25	S	Range	37	E , N	мрм,	I	EA	·	County	
III. DESIGNATION OF TRAN	SPORTE	OF OF	L ANI	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Giv	re address to wh	tick approved	l copy of this for	m is to be so	out)					
	TEXAS NEW MEXICO PIPELINE COMPANY					X 2528	HOBBS	NEW MEXT	EW MEXICO 88241		
Name of Authorized Transporter of Casing	Cas										
SID RICHARDSON CAR	order of Casinghead Gas X or Dry Gas DSON CARBON & GASOLINE CO.							copy of this form is to be sent) • 88252 Ok 74102			
If well produces oil or liquids,				Rge		y connected?	When				
give location of traks.	i i	i	·	<u> </u>	Yes		1			<u></u>	
If this production is commingled with that f	rom any othe	r lease or p	ool, giv	e comming!	ing order num	ber:					
IV. COMPLETION DATA	•	:									
Designate Type of Completion	(X)	Oil Well		as Well	Now Well	Workover	Doepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	Ready to	Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Cas	Pay		Tubing Depth			
					L			Depth Casing	Shoe		
Perforations											
		mpio 4	CACD	IC AND	CENTERTY	NC PECOPI	D	1			
					CENTERIL	NG RECOR DEPTH SET	<u></u>	6	ACKS CEMI	ENT	
HOLE SIZE	CAS	NG & TU	BING S	12E		DEFIN SEI		† <u>s</u>	NO CEMI	-171	
								 			
								 			
								 			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u></u>			J			
OIL WELL (Test must be ofter re	covery of sou	d volume o	load o	il and must	be equal to or	exceed top allo	wable for thi	depth or be for	r full 24 hour	7.)	
Date First New Oil Rus To Tank	Date of Test				Producing Me	shod (Flow, pu	mp, gas lift, e	stc.)			
2 M 1 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1					_						
Length of Test	Tubing Pressure				Casing Press.	rice		Choke Size			
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.						Gas- MCF			
··· - ···											
CACWELL											
GAS WELL Actual Frod Test - MCF/D	Length of Test				Bbls. Cooden	sate/MMCF		Gravity of Condensate			
FRANKE & FOR THE TRANSFER	Length Of 1696										
Testing Method (pitet, back pr.) Tubing Pressure (Stut-in)			a)		Casing Pressure (Shut-in)			Choke Size			
sound niceria (pace, seen p 4		•	-								
THE OPEN A MODE CONTINUES.	ATTE OF A	CON ADV	FART	Œ	[. 			
VI. OPERATOR CERTIFICATE OF COMPLIANCE						DIL CON	SERV	ATION D	IVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above										~	
Division have been complied with and that the information gives source is true and complete to the best of my knowledge and belief.					Date Approved						
		_			Daib	Approved			<i>}</i>		
Jam Cyla											
Signature	Signature				By_	QRIG		NED BY JER		N	
JAMES COGBURN OPERATIONS COORDINATOR				DISTRICT I SUPERVISOR							
Printed Name	/FOC> -		Tale		Title.			·····			
6/21/93	(505) 3	91-162	hoes No								
Dete		1 esch	ALES INC	A Intoleumennister					\$765-T\$1.74-T6	25/2011	

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

with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) FIII 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.

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State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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DISTRICT E P.O. Drawer DD, Arlesia, NM \$8210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•		TO TRAN	SPORT OF	L ANU NA	TURAL		AWNo				
ARCO 011 and Gas Company							Well API No. 30-025- // 778				
Vidress									,,,,		
P.O. Box 1710	- Hobbs, N	New Mexi	co 8824	1-1710 x Ou	res (Please exp	lain) Cha	ngo Woll	None E			
lesson(s) for Filing (Check proper bo		Change in Trr	insporter of:	(A)	(y						
ecompletics	Oil	Change in Transporter of: Oil Dry Gas CAB						1650N B-25 #2			
hange is Operator	Casinghead	d Gau 🔲 Co	ondensate 📗			Effe	ective: 1-1-93				
change of operator give name											
d address of previous operator											
. DESCRIPTION OF WEI	L AND LEA	ISE									
ease Narme		!	ol Name, Includ		all Dade	0.44	of Lease , Federal or Fe		esse No.		
South Justis Unit '	<u>'/7</u>	76 J	ustis Bl	Lnebry I	TOD DITH	Karu		1220	32579E		
ocation	. 99	70 Fe	et From The 2	OUTH lin	and 66	(O)	eet From The	EAST	Line		
Unit Letter			a from the 2.	**************************************					1496		
Section 25 Town	nahip 25S	5 Ra	inge 3	7E N	MPM,	Lea	3		County		
		n 05 011	AND MARK	IDAT CLC							
I. DESIGNATION OF TR. ame of Authorized Transporter of Or	1	or Condensate		Address (Gir	e address to w	hich approved	copy of this !	orm is to be as	ent)		
•	באַן		لا	1	3ox 2528				•		
Texas New Mexico Pip ame of Authorized Transporter of Ci	uringhead Gas	X or	Dry Gus	Address (Gi	e address to w	hich approved	copy of this f	opy of this form is to be sent)			
Sid Richardson Carbo		oline_C	отрапу		30x 1226			52			
well produces oil or liquids,	Unit	Unit Sec. Twp. Rge.			y connected?	When	· -				
e location of tanks.		25 12			E5		UNK	NOWN			
his production is commingled with to COMPLETION DATA	hat from any othe	a lease or poor	i, give comming	ning caces were		2 M			· · · · · · · · · · · · · · · · · · ·		
. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completi	on - (X)		i	i	İ	<u>i </u>	i				
te Spudded	Date Compl	l. Ready to Pro	xd.	Total Depth			P.B.T.D.				
				Top Oil/Gas Pay							
nions (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top On Oak	ray		Tubing Depth					
forstices				1			Depth Casin	g Shoe	· · · · · · · · · · · · · · · · · · ·		
							'				
· · · · · · · · · · · · · · · · · · ·	π	UBING, CA	SING AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CAS	ING & TUBIN	IG SIZE	ļ	DEPTH SET		SACKS CEMENT				
				<u> </u>							
				 							
TEST DATA AND REQU	EST FOR A	LLOWABI	LE	<u> </u>		·	 				
LWELL (Test must be after	er recovery of lots	al volume of lo	ad oil and must					or full 24 hour	2.)		
te First New Oil Run To Tank	Date of Test	•		Producing Me	thod (Flow, pu	mp, gas lift, e	tc.)				
4				Casing Freesu			Choke Size				
agth of Test	Tubing Press	ALTE		Casing riess	••						
and Prod. During Test	Ouring Test Oil - Bbls.			Water - Bbla			Gas- MCF				
AS WELL											
had Prod. Test - MCF/D	Length of Te	rel .		Bbls. Condens	ate/MMCF		Gravity of Co	ondensate			
		Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
ing Method (pilot, back pr.)	Tubing Press										
			4376	l			<u> </u>				
OPERATOR CERTIF					IL CON	SERVA	ATION D	DIVISIO	N		
hereby certify that the rules and re- Division have been complied with a	pulations of the O ad that the inform	ni Conservation nation given ab	e Ove			,		_	- -		
is true and complete to the best of m	ry knowledge and	belief.		Date	Approve	d	JAN	7 1002			
/ ./	1/				• •						
fund	. Casa	<u></u>		By_	ONWINA	A SIGNED	BY JERRY	SEXTOM			
Semes D. Coghurn -	Overation	is Coordi	inator	-,	و	ISTRICT	SUPERVISE	K			
Printed Name	•	Title	•	Title_	· · · · · ·						
Na.	(505) 391				Te Sair The		/ 3	100 0 .		
Date		Telephone	E 140'				* / 4 1 1 1	1			

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