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., Aziec, NM 87410

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	_						30	-025-1177	8		
Arco Oil & Go	as Compa	any		·				023-11//	<u> </u>		
ddress	n Midla	nd Tax	as 7	79702							
P.O. Box 1610 cason(s) for Filing (Check proper box)	ומומות	nu, rex	as /	3106	Oth	er (Please expl					
ew Well		Change in	Transp	orter of:		•		ective 09	/01/92		
ecompletion	Oil		Dry G								
hange in Operator X Casinghead Gas Condensate											
hange of operator give name	arl R.				90 Midl	and, Tex	as 7970	2			
d address of previous operator				· oox o							
. DESCRIPTION OF WELL	AND LEA	Well No.	Pool N	Jame, Includi	ng Formation	·	Kind	of Lease	L	ease No.	
Lease Name Well No Carlson B 25 2			Justis Blinebry				State	Federal or Fee	LC032!	579(e)	
ocation P	: 990)	Feet F	rom The _S	outh_Lin	e and66()· F	et From The	East	Lin	
Section 25 Townshi	_{ip} 25S		Range	37E	, N	мрм, Lea				County	
I. DESIGNATION OF TRAN		P OF O	II. AN	ID NATI	RAL GAS						
ame of Authorized Transporter of Oil	(X)	or Conden			Address (Giv	e address 10 w	hich approved	copy of this for	m is to be se	ml)	
Texas-New Mexico Pipeline Co.					P.O. Box 2528 Hobbs. NM 88241						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
Sid Richardson Carbon & Gasoline Co.					201 Main Street Ft. Worth, Texas 76102						
rell produces oil or liquids, Unit Sec. Twp. Rge.					ls gas actuall	y connected?	When	. 7			
ve location of tanks.	j P	25	258		<u> Yes</u>	D.C.	552	nd DHC #1	13		
this production is commingled with that COMPLETION DATA	from any oth	er lease or	pool, gi	ve comming						bia ni in	
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	i	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
ate Spudded	Date Com	ol. Ready to	Prod.		Total Depth		-	P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
erforations					<u> </u>			Depth Casing	Shoe		
	7	UBING.	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE		SING & TU				DEPTH SET		SA	CKS CEM	ENT	
											
	TO FOR A	I LOW	DIE			· · · · · · · · · · · · · · · · · · ·					
TEST DATA AND REQUES (L WELL (Test must be after r	SI FUR A	LLUWA	ADLE Maad	ail and must	he equal to or	exceed top alle	owable for the	s depth or be for	full 24 how	rs.)	
L WELL (Test must be after r the First New Oil Run To Tank	Date of Ter		uj ioad	ou una musi	Producing Me	thod (Flow, pi	ump, gas lift,	ilc.)	-T		
HE THE IVEW OIL RUB TO THEE	Date Of 181	-									
ength of Test	Tubing Pre	ssure .			Casing Press.	Casing Pressure			Choke Size		
monitor save											
clual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF			
AS WELL	<u>.</u> l							12			
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
			Corine Pressure (Shut in)				Choke Size				
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			CHORE DIZE			
I. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	NCE		NI 00:	10 E D1 1	ATION D	NACIO	N.I	
I hereby certify that the rules and regul						JIL CON	15EHV	ATION D	1019IC	NN O 100	
Division have been complied with and	that the infor	mation give	n above	•	11				SEP 1	0 '92	
is true and complete to the best of my l	inowledge an	d belief.			Date	Approve	d				
							•				
land star					By_	By ORIGINAL SIGNED BY JERRY SEXTON					
Signature	norsti	ne Cod	rdin	ator	- (0.	DISTRICT I SUPERVISOR					
James D. Cogburn - C	peratio		Title	IdLUI	-rai-				•		
Printed Name 09/09/92	, , c	505/391		00.	Title			N 11 3/	1800	0 0 14 -	
<u>09/09/92</u> – Date			phone N		EOD	RECO	RD C	NLY	APK 3	3 U 199	

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.