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propriate District Office
TRICT 1

). 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

STRICT III XI Rio Brazos Rd., Azzec, NM 87410

STRICT II
). Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO TRA	NSPORT O	IL AND NATL	IRAL GAS					
erator	TO TIMBOLOTTI OLE				Well Art No.				
Arco Oil & Ga		30-025-11783							
idress		70702							
P.O. Box 1610	Midland, Tex	xas /9/02	Other (	Please explain)			01/02		
:ason(s) for Filing (Check proper box)  :w Well  Change in Transporter of:									
completion Oil Dry Gas									
range in Operator X Casinghead Gas Condensate									
thange of operator give name Farl R Bruno P.O. Box 590 Midland, Texas 79702									
1 address of previous operator									
DESCRIPTION OF WELL	WELL AND LEASE Well No.   Pool Name, Including			- Famelian Kind		(Lease No.		ase No.	
:ase Name	Well No.			State.		LC032579(e)		2579(e)	
Carlson B 25	3	Justis Al		. <u> </u>					
Unit Letter0	_ :990	Feet From The	South Line an	1650	Feel	From The	East	Line	
Section 25 Townshi	p 25S	Range 37	E , NMP	м, Lea				County	
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)									
ame of Authorized Transporter of Oil	Montes force a	P.O. Box 2528 Hobbs, NM 88241							
Texas-New Mexico	Address (Give a	Address (Give address to which approved copy of this form is to be sent)							
ame of Authorized Transporter of Casin Sid Richardson C	201 Main	201 Main Street Ft. worth. Texas 76102							
well produces oil or liquids,	se. Is gas actually co	onnected?	When?						
e location of tanks.	0   25	25S   37E	Yes	Do um-	1 gan	DHC/PC-	52		
his production is commingled with that	from any other lease or	pool, give commi	ngling order number	rermi	t 020	DHC/FC-S	132		
. COMPLETION DATA					береп	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	Oil Well	Gas Well	I New Hell I	10120101	/	]		İ	
ile Spudded	Date Compl. Ready to	Prod.	Total Depth	Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.)	etc.) Name of Producing Formation			Top Oi/Gas Pay			Tubing Depth		
		Depth Casing Shoe							
riorations									
	TUBING.	CASING AN	D CEMENTING	RECORD					
HOLE SIZE	CASING & TL		DI	DEPTH SET			SACKS CEMENT		
	<u> </u>								
TEST DATA AND REQUES	T FOR ALLOW	ABLE							
L WELL (Test must be after r	ecovery of total volume	of load oil and mu	ist be equal to or exc	eed sop allowabl	le for this a	lepth or be for	full 24 how	3.)	
the First New Oil Run To Tank	Producing Metho	xd (Flow, pump, )	gas lift, etc	.)					
						Choke Size			
ingth of Test	Tubing Pressure		Casing Pressure			<b>0</b>			
		Water - Bbls	Water - Bbls.		Gas- MCF				
ctual Prod. During Test	Oil - Bbls.			_					
	<u></u>								
AS WELL ctual Prod. Test - MCF/D	Bbls. Condensate	Bbls. Condensate/MMCF			Gravity of Condensate				
cutal Ling' 1 cst - MICLIN	Length of Test								
sting Method (pitot, back pr.)	Tubing Pressure (Shut-	-in)	Casing Pressure	(Shut-in)	[	Choke Size			
-			- <b> </b>						
I. OPERATOR CERTIFIC	ATE OF COMP	LIANCE		L CONSE	ERVA	TION D	IVISIO	N	
I hereby certify that the rules and regul		SEP 1 0 'S?							
Division have been complied with and is true and complete to the best of my h	Data A	pproved _		JEP	<b>T</b> ∧ ©.				
			Late A	ppiored -					
Land Caple	Elv	Du ARICOMAL CIGATED DV (EDDY CEVYAN)							
a / /	Dy	By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR							
James D. Cogburn - O	Title_			#1. F18 &19 #1. L					
Printed Name	505/391	Tide - 1.600	Hille -						
09/09/92 Date	Tele	phone No.							

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.