State of New Mexico Form C-104 Revised 1-1-89 ult 5 Copies opriate District Office Energy, Minerals and Natural Resources Department Appropriate District Ornes DISTRICT I P.O. Box 1980, Hobbs, NM \$2240 al P **OIL CONSERVATION DIVISION** DISTRICT # P.O. Drawer DD, Artesia, NM \$8210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM \$7410 **REQUEST FOR ALLOWABLE AND AUTHORIZATION** TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-11785 ARCO 011 and Gas Company Address P.O. Box 1710 - Hobbs, New Mexico 88241-1710 Other (Please explain) Change Well Name From X Reason(s) for Filing (Check proper box) #5 Change in Transporter of: New Well CARLSON B-25 Dry Gas Oil Recompletion Casinghead Gas 🗌 Condensate Effective: 1-1-93 Change in Operator If change of operator give name and address of previous operator IL DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Lease Name State, Federal or Fee South Justis Unit "G-" LC032579E 26 Justis Blinebry Tubb Drinkard Location 990 1980 Feet From The FAST Line and _ _ Feet From The <u>SOUTH</u> 0 Unit Letter 255 Range <u>37e</u> , NMPM, Lea County 25 Section Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil P.0 2528 - Hobbs, NM 88241-2528 Box Texas New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas Box 1226 - Jal, NM 88252 ally connected? When ? Sid Richardson Carbon and Gasoline Company P.O. Box 1226 Well produces oil or liquids, Unit Sec. Twp. Ree. Is gas actually connected? If well produces oil or liquids, pive location of tanks. Unit 25 25 ^ YES 37 UNANDUN If this production is commingled with that from any other lease or pool, give commingling order sumber. IV. COMPLETION DATA Deepea Plug Back Same Res'v Gas Well New Well Workover Diff Res'v Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Soudded Too Oil/Gas Pay Name of Producing Formation **Tubing Depth** Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) **DIL WELL** Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Casing Pressure Leagth of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bhis GAS WELL Bbis. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) esting Method (pilot, back pr.) **VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. JAN - 7 1993 Date Approved _ SIGNED BY HEREY CENTON ોક્સિટ By ___ Size ATRICT I SUPERVISE Mes D. Coghurn rations Coordinator-Tale **Printed Na** Title_ 1-93 (505) 391-1600 Telephone No. D

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.