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

Erangy, Minerals and Natural Resources Department

Revised 1-1-27 See Instructions at Bottom of Page

DISTRICT S. P.O. Drawer DD, Astesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Ariec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.			
ARCO OIL & GAS COM	PANY						3	0 025	11793		
Address P. O. BOX 1710	HOBBS	NFU	MEXI	CO	88240						
Resecu(s) for Filing (Check proper box)	повьз	, NEW	LIEVI			es (Please expl	oir)				
New Well		Change in	Тивирон	rter of:	Ar-						
Recompletion	Oil	~~	Dry Gar		ADD T	RANSPORT	ER (GAS)		,		
Change in Operator	Cazinghead Gas Condensate										
If change of operator give name											
and address of previous operator IL DESCRIPTION OF WELL	ANDIFA	SF.						·_ · · · · · · · · · · · · · · · · · ·			
Lasse Name	Well No. Pool Name, Include			ing Formation K			(ind of Lease		esse No.		
SOUTH JUSTIS UNIT				INEBRY TUBB DRINKARD			Pederal of Fe	<u>ممد ال</u>	FE		
Location											
Unit Letter A	. 66	0	Feet Fro	on The M	ATH Line	and <u>33</u>	0 Fe	et From The .	FAST	Line	
Utta Leuti	_ ·										
Section 26 Township	25	S	Range	37	E , NMPM,			EA		County	
III DESIGNATION OF TRAN	SPORTER	OF O	IL ANI	D NATU	RAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU						Address (Give address to which approved copy of this form is to be sent)					
TEXAS NEW MEXICO PIPELINE COMPANY						P O BOX 2528 HOBBS, NEW MEXICO 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) P.U. BOX 1226 Jal, N.M. 88252						
SID BICHARDSON CAR	BONPROB	18443A			P. O. Box 3000 Tulsa			, Ok. 74102			
well produces oil or liquids, Unit Sec. Twp.				Rge	Is gas actually connected? When ?						
give location of tracks.			<u> </u>	<u></u>	Yes						
If this production is commingled with that	from any othe	r lease or	pool, gavi	e communiti	ing otoes invitin	za					
IV. COMPLETION DATA		Oi Well		as Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	lon wen		ALS 17 CH	1				1	Í	
Date Spudded	Date Compl	Ready to	Prod.		Total Depth		.l	P.B.T.D.			
						Top Oil/Gas Pay			Tubing Depth		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Turning Depth			
Perforations								Depth Casing Shoe			
	CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	ļ						 				
	 							 			
U TEST DATA AND DECLIES	T FOR A	IOW	RIF		L			J			
V. TEST DATA AND REQUES OIL WELL (Test must be after to	temen of tot	d where	of load o	il and must	be equal to or	exceed top allo	rwable for this	depth or be j	for full 24 hou	rs.)	
Date First New Oil Rus To Tank	Date of Test		7,		Producing Me	shod (Flow, pu	mp, gas lift, e	sc.)			
Pert the Law On Long 10 year											
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size	Choke Size		
_								Gas- MCF			
chial Prod. During Test Oil - Bbls.					Water - Bola			OB- NICE			
	<u> </u>				<u></u>			<u> </u>			
GAS WELL											
Actual Frod. Test - MCF/D Length of Test					Bbls Conden	Ble/MMCF		Gravity of C	Condensate		
								Choke Size			
Testing Method (pitct, back pr.)	d (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
	<u> </u>				<u> </u>			<u> </u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					(OIL CON	ISERV	MOITA	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above					Date Approved JUL 19 1993						
is true and complete to the best of my knowledge and belief.					Date	Approve	0 002				
Send Cyla											
Sideral Cylin					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
JAMES COGBUEN	OPERAT	LONS C		INATOR	I	Dis	71 NICI 136	JEK V13UK			
Printed Name			Title		Title						
6/21/93	(505)	<u> 391–16</u>	21		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) Pill 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.